

**Daily Treatment Chronology**

Monday, January 07, 2002

San Diego Chargers  
Football**Mickell, Darren****Case 10 Episode 1 Left CLAVICLE DEGENERATION****Onset Date: 02/05/2001 Return Date: 05/01/2001**

		<u>Treatments</u>	<u>Intensity</u>	<u>Duration</u>	<u>Comments</u>
04/02/20	00:00				out of town; rehab in FL
04/03/20	00:00				out of town
04/04/20	00:00				out of town
04/05/20	00:00				out of town
04/06/20	00:00	OUT OF TOWN Charger Park			
04/09/20	00:00	OUT OF TOWN Charger Park			
04/10/20	00:00	OUT OF TOWN Charger Park			
04/11/20	00:00				out of town
04/12/20	00:00	OUT OF TOWN Charger Park			
04/13/20	00:00	OUT OF TOWN Charger Park			
04/16/20	00:00	OUT OF TOWN Charger Park			
04/17/20	00:00	OUT OF TOWN Charger Park			
04/18/20	00:00	OUT OF TOWN Charger Park			
04/19/20	00:00	OUT OF TOWN Charger Park			
04/20/20	00:00	OUT OF TOWN Charger Park			
04/23/20	00:00	OUT OF TOWN Charger Park			

MICKELL-0571

A0687

**Player Case List**

Monday, December 24, 2001

San Diego Chargers

Football

Case	Side	Injury Description	Onset Date	Return Date	Days Out	Res.	Fun.	Prog.
------	------	--------------------	---------------	----------------	-------------	------	------	-------

**Mickell, Darren**

10 - 1	Left	CLAVICLE DEGENERATION	02/05/200	05/01/200	84	100	100	N
--------	------	-----------------------	-----------	-----------	----	-----	-----	---

1

Participation Status: FULL PARTICIPATION

Last Progress Note: 05/03/200

surgery on L shoulder from previous injury during 2000 regular season; surgery at HealthSouth surgery center by Dr CHao - refer to op note

**OASIS HEALTHSOUTH**  
Surgery Center

**OPERATIVE REPORT**

PATIENT: MICKELL, DARREN  
#10582  
DATE OF SURGERY: 02/05/01

SURGEON: David Chao, M.D.  
FIRST ASSISTANT: Paul Murphy, M.D.  
SECOND ASSISTANT: Calvin Wong, M.D.  
SURGICAL TEAM: Shawn Young, O.T.C.

ANESTHESIA: General  
ESTIMATED BLOOD LOSS: Minimal

**PREOPERATIVE DIAGNOSES:**

1. Left shoulder impingement syndrome.
2. Left shoulder acromioclavicular joint arthrosis with osteolysis

**POSTOPERATIVE DIAGNOSES:**

1. Left shoulder impingement syndrome.
2. Left shoulder acromioclavicular joint arthrosis with osteolysis.
3. Left shoulder anterior posterior labral tear.

**OPERATION PERFORMED:**

1. Left shoulder evaluation under anesthesia.
2. Left shoulder arthroscopy.
3. Left shoulder arthroscopic subacromial decompression with coracoacromial ligament resection.
4. Left shoulder arthroscopic distal clavicle excision through anterior portal.
5. Left shoulder anterior posterior labral debridement.
6. Left shoulder anterior superior labral repair.

**INDICATIONS:**

The patient is a 30-year-old professional football player with left shoulder pain. X-rays show acromioclavicular joint arthrosis and osteolysis. The risks, benefits, complications and options for treatment discussed. Expressed verbal understanding and requested surgery.

**FINDINGS:**

1. Examination under anesthesia - Shoulder is stable. Full range of motion.
2. Intra-articular findings - Normal articular cartilage. Posterior labral flap tear, anterior labral flap tear with detachment from 9:30 to 11:30. Intact rotator cuff. Intact biceps tendon and anchor. Normal axillary recess. No significant laxity.
3. Subacromial findings - Marked bursitis. Coracoacromial ligament hypertrophy. Sharp anterior acromial spur.

5471 Kearny Villa Road, Suite 100, San Diego CA 92123  
858-560-4567 / Fax 858-560-4410

MICKELL-0573

A0689

**OASIS HEALTHSOUTH**  
Surgery Center

**OPERATIVE REPORT - Page 2**

PATIENT: MICKELL, DARREN  
#10582  
DATE OF SURGERY: 02/05/01

Acromioclavicular joint arthrosis with osteolysis of the clavicle with multiple loose bodies. Intact superior surface rotator cuff.

**PROCEDURE:**

The patient was taken to the operating room, placed under general anesthesia with a laryngeal mask. Given a gm of Kefzol. Also given 30 mg of Toradol intravenously. The patient placed in the lateral decubitus position with the operative side up, a kidney rest, beanbag, and appropriate padding in the axilla and lower extremities. Ten pounds of traction was placed on the arm. The patient's left shoulder and arm were sterilely prepped and draped in the usual fashion. Examination under anesthesia revealed the above-indicated findings.

Standard diagnostic arthroscopy was undertaken with a standard posterior portal made with a skin knife; 0.25% Marcaine with epinephrine injected into the portal and blunt entry of the scope in atraumatic fashion. Inflow was placed on the arthroscope. An anterior portal was established under direct visualization. Cannula placed. A probe was placed and intra-articular findings consistent with the above-indicated findings most significant for posterior labral tear and anterior labral tear as indicated above. This was debrided with a shaver. Anterior labral detachment from 9:30 to 11:30 had small angle tissue tack placed in usual fashion, good repair of the anterior superior labrum.

The shoulder was well irrigated. Instruments withdrawn. The subacromial space was entered with the scope. The subacromial findings were as mentioned above, most significant for sharp anterior acromial spur, marked bursitis, coracoacromial ligament hypertrophy, acromioclavicular joint osteolysis with multiple loose bodies and areas of calcification consistent with osteolysis.

The bursa was removed to allow for visualization with a large aggressive shaver through a lateral portal. The anterior acromial spur and coracoacromial ligament were identified. The coracoacromial ligament was taken down with a 20-degree laser probe to resect and provide coagulation. A grey cannula was used for a vent. A second inflow was established. After the coracoacromial ligament was removed a large bur was used to remove the anterior acromial spur, tapering back to the posterior two-thirds, approximately ten mm of bone was taken off anteriorly and then a large shaver was used to smooth the decompression. Examination of the rotator cuff showed the above-indicated findings.

MICKELL-0574

A0690

**OASIS HEALTHSOUTH**  
Surgery Center

**OPERATIVE REPORT - Page 3**

PATIENT: MICKELL, DARREN  
#10582  
DATE OF SURGERY: 02/05/01

Distal clavicle excision was performed through a separate anterior portal using a bur and shaver, removing the distal one cm of the clavicle confirmed through a separate anterior arthroscopic portal for visualization. At this point the instrument was withdrawn. The wound was irrigated.

At this point after copious irrigation, the arthroscopic portals were closed with #4-0 Monocryl. Mastisol and Steri-Strips were applied to all wounds. Betadine ointment was applied; 0.25% Marcaine with epinephrine and two mg of morphine injected in the subacromial space and shoulder joint.

The patient was awakened from general anesthesia. Turned into the supine position. Returned to the recovery room in stable condition. A sling placed on the effected arm. Polar Care was also applied. Sponge and needle count correct. The patient was neurovascularly intact. Discharged to home in stable condition.

This patient was 50% more difficult than usual given the patient's very large size, acromioclavicular joint arthrosis with osteolysis, multiple loose pieces and cyst formation of the distal clavicle and anterior and posterior labral tear.

**DISCHARGE INSTRUCTIONS:**

1. Follow up in the office in seven to ten days.
2. Start therapy immediately.
3. The patient discharged home with Tylenol No. 3 and Toradol for pain.

DC/MST:ts  
R 02/05/01  
T 02/05/01  
(#n/a)

  
\_\_\_\_\_  
DAVID CHAO, M.D.

**Daily Treatment Chronology**San Diego Chargers  
Football

Tuesday, May 22, 2001

**Mickell, Darren****Case 10 Episode 1 Left CLAVICLE DEGENERATION****Onset Date:** 02/05/01 **Return Date:** / /

		<u>Treatments</u>	<u>Intensity</u>	<u>Duration</u>	<u>Comments</u>
02/06/01	00:00	EXERCISE ICE			said he was really sore from surgery; limited ROM; no drainage from portals; PROM EX 3x10; Codman's x 5; UBE x 5
		Charger Park			
02/07/01	00:00	EXERCISE ICE			said he was a little better; increase AROM; PROM ex 3x10; wand flex Ex 3x10; UBE x 10
		Charger Park			
02/08/01	00:00	EXERCISE ICE			said he was feeling better; increase AROM; PROM Ex F/E/Abd/ Add 3x10; Codman's x 5; wall climbs x 25; protract/retract SC 3x10
		Charger Park			
02/09/01	00:00	EXERCISE ICE			said he feels better; increase AROM; decrease swelling; cont with same program; progress as tolerated
		Charger Park			
02/12/01	00:00	EXERCISE HYDROCOLLATOR ICE			said he feels better; increase AROM; shoulder stretching; MR: linear shoulder patt 3x10; dumbbell shoulder rt 3x15
		Charger Park			
02/13/01	00:00	EXERCISE HYDROCOLLATOR ICE			said he feels better; cont with same rehab program
		Charger Park			
02/14/01	00:00	EXERCISE HYDROCOLLATOR ICE			said he was less sore; cont with rehab
		Charger Park			
02/15/01	00:00	EXERCISE HYDROCOLLATOR ICE			said he was sore; good AROM; shoulder stretch; cont with shoulder rehab program
		Charger Park			
02/16/01	00:00	OFF DAY			
		Charger Park			
02/20/01	00:00	EXERCISE HYDROCOLLATOR ICE			said he was better; shoulder stretching; MR: shoulder linear patt 3x10; dumbbell shoulder rt 3x10; wall dribble; UBE
		Charger Park			

MICKELL-0576

A0692

**Daily Treatment Chronology**

Tuesday, May 22, 2001

San Diego Chargers  
Football**Mickell, Darren**

Case 10 Episode 1 Left CLAVICLE DEGENERATION

Onset Date: 02/05/01 Return Date: / /

	Treatments	Intensity	Duration	Comments
02/21/01 00:00				rehab at HealthSouth
02/22/01 00:00				rehab in HS
02/23/01 00:00				rehab at HS
02/26/01 00:00	EXERCISE ICE			said he was feeling better; increase AROM; increase strength; shoulder stretching; MR: shoulder linear patt 3x15; dumbbell shoulder rt 3x15; stabilization x 5'; UBE x 10
	Charger Park			
02/27/01 00:00	EXERCISE ICE			said he feels better today; increase AROM; increase strength; shoulder stretching; MR: shoulder linear patt 3x10; dumbbell shoulder rt 3x10; SC protract/ retract 3x15; stab x 5'; UBE
	Charger Park			
02/28/01 00:00	EXERCISE ICE			said he cont to feel better; cont with shoulder program
	Charger Park			
03/01/01 00:00				cont with shoulder program; added push/pull exercise in WR
03/02/01 00:00	OUT OF TOWN			
	Charger Park			
03/05/01 00:00	OUT OF TOWN			
	Charger Park			
03/06/01 00:00	OUT OF TOWN			
	Charger Park			
03/07/01 00:00	OUT OF TOWN			
	Charger Park			
03/08/01 00:00	OUT OF TOWN			
	Charger Park			
03/09/01 00:00	OUT OF TOWN			
	Charger Park			
03/12/01 00:00	OUT OF TOWN			
	Charger Park			
03/13/01 00:00	OUT OF TOWN			
	Charger Park			
03/14/01 00:00	OUT OF TOWN			
	Charger Park			

MICKELL-0577

A0693

**Daily Treatment Chronology***San Diego Chargers  
Football**Tuesday, May 22, 2001***Mickell, Darren****Case 10 Episode 1 Left CLAVICLE DEGENERATION****Onset Date:** 02/05/01 **Return Date:** / /

		<u>Treatments</u>	<u>Intensity</u>	<u>Duration</u>	<u>Comments</u>
03/15/01	00:00	OUT OF TOWN <i>Charger Park</i>			
03/16/01	00:00				<i>rehab in TX</i>
03/19/01	00:00	OUT OF TOWN <i>Charger Park</i>			
03/20/01	00:00	OUT OF TOWN <i>Charger Park</i>			
03/21/01	00:00	OUT OF TOWN <i>Charger Park</i>			
03/22/01	00:00	OUT OF TOWN <i>Charger Park</i>			
03/23/01	00:00	OUT OF TOWN <i>Charger Park</i>			
03/26/01	00:00	OUT OF TOWN <i>Charger Park</i>			
03/27/01	00:00				<i>out of town</i>
03/28/01	00:00				<i>out of town</i>
03/29/01	00:00	OUT OF TOWN <i>Charger Park</i>			
03/30/01	00:00	OUT OF TOWN <i>Charger Park</i>			

MICKELL-0578

A0694

**Player Case List**

Thursday, April 26, 2001

San Diego Chargers

Football

Case	Side	Injury Description	Onset Date	Return Date	Days Out	Res.	Fun.	Prog.
------	------	--------------------	------------	-------------	----------	------	------	-------

**Mickell, Darren**

1 - 1	N/A	LUMBAR ERECTOR SPINAE STRAIN	07/25/00	07/30/00	4	100	100	N
-------	-----	------------------------------	----------	----------	---	-----	-----	---

**Participation Status:** FULL PARTICIPATION**Last Progress Note:** 07/30/00

1 on 1 period; stated that his low back on the R side has gotten progressively tight; specific etiology unknown; stretched lumbar area and continued to practice; has pain at the R SI region; neg neuro; lumbar stretch rt

2 - 1	Left	ELBOW ULNAR NERVE CONTUSION	08/05/00	08/08/00	2	100	100	N
-------	------	-----------------------------	----------	----------	---	-----	-----	---

**Participation Status:** FULL PARTICIPATION**Last Progress Note:** 08/07/00

came off field in 4th qrt with complaint of pain with numbness and tingling in his hand after being hit on his L elbow; exam by Dr Murphy - refer to his notes; returned to game after being cleared

3 - 1	N/A	GI TRACT STOMACH ILLNESS/OTHER	08/09/00	08/11/00	1	100	100	N
-------	-----	--------------------------------	----------	----------	---	-----	-----	---

**Participation Status:** FULL PARTICIPATION**Last Progress Note:** 08/10/00

came to the training room prior to practice with complaint of stomach cramps, diarrhea; talked to Dr Hizon; recommended rest and clear liquids

4 - 1	Left	AXILLA NERVE CONTUSION	08/18/00	08/27/00	8	100	100	N
-------	------	------------------------	----------	----------	---	-----	-----	---

**Participation Status:** FULL PARTICIPATION**Last Progress Note:** 08/27/00

3rd qrt; came to sideline following a pass play stated that he had pain in his L underarm; exam by Dr Murphy; said that he tried to push the offensive player to his R when he felt a sharp pain; removed from game

5 - 1	Left	CLAVICLE A-C SPRAIN	08/25/00	09/02/00	7	100	100	N
-------	------	---------------------	----------	----------	---	-----	-----	---

**Participation Status:** FULL PARTICIPATION**Last Progress Note:** 09/02/00

1st qrt 9:15; after rushing the QB he was knocked to the ground and the OL fell on his L shoulder causing an AC sprain; exam by Dr Chao and cont to play; removed from game after 2nd qrt

5 - 2	Left	CLAVICLE A-C SPRAIN	11/14/00	11/21/00	6	100	100	R
-------	------	---------------------	----------	----------	---	-----	-----	---

**Participation Status:** FULL PARTICIPATION**Last Progress Note:** 11/20/00

Hx of ac joint spr; states that his shoulder has been getting sore each week; has mild swelling over the ac jt; good AROM; decrease strength due to discomfort; SC shoulder rt 3x10

**Player Case List**

Thursday, April 26, 2001

San Diego Chargers

Football

Case	Side	Injury Description	Onset Date	Return Date	Days Out	Res.	Fun.	Prog.
<b>Mickell, Darren</b>								
6 - 1	Right	HIP INJURY /NON-SPECIFIC	09/07/00	09/11/00	3	100	100	N
Participation Status: FULL PARTICIPATION								
Last Progress Note: 09/11/00								
came in this am with hx x 1 day of hip and groin pain; etiology unkown; pain not specific to one spot or area; does get pain with walking but only on occasion; sent to see Chao for exam; refer to his notes								
7 - 1	Left	ANKLE ANTERIOR TALO-FIB SPRAIN	10/08/00	10/11/00	2	100	100	N
Participation Status: FULL PARTICIPATION								
Last Progress Note: 10/11/00								
3rd qrt 6:05 pass play; said he "rolled" his ankle causing some discomfort on the lateral aspect of his L ankle; was re-taped and finished the game; did not come in post game for an exam								
8 - 1	Left	KNEE INFLAMMATION	10/15/00	10/26/00	10	100	100	N
Participation Status: FULL PARTICIPATION								
Last Progress Note: 10/26/00								
came in late today with complaint of soreness and swelling; stated that he fell or was hit on his knee during the game; exam by Chao - refer to his notes; sent for MRI								
9 - 1	Right	KNEE MEDIAL COLLATERAL SPRAIN	12/10/00	12/14/00	3	100	100	N
Participation Status: FULL PARTICIPATION								
Last Progress Note: 01/03/01								
10 - 1	Left	CLAVICLE DEGENERATION	02/05/01	11	79	0	0	N
Participation Status: NO PRACTICE								
Last Progress Note: 02/07/01								
surgery on L shoulder from previous injury during 2000 regular season; surgery at HealthSouth surgery center by Dr CHao - refer to op note								



# COACHING OFFICE

## FAX COVER SHEET

Date: 1/9/01  
To: LAURIE FAY  
Company: MUTUAL OF N.Y.  
Fax #: (781) 487-2259  
From: JAMES COLLINS  
Number of Pages (excluding cover sheet):  
Notes: RE: DARREN MICKELL

*This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received the original communication in error, please notify us immediately by telephone, and return the original message to us at the address below via the U.S. Postal Service. Thank you.*

San Diego Chargers P.O. Box 609609 San Diego, CA 92160-9609  
(858) 874-4500 FAX (858) 292-2757

MICKELL-0581

A0697

FROM : MUTUAL OF NEW YORK

PHONE NO. : 781 890 4212

Jan. 05 2001 12:20PM P1

Laurie A. Fay  
Marketing Manager  
950 Winter Street #3310  
Waltham, MA 02451

MONY

# Fax

To: James Collins From: Laurie A. Fay  
Fax: (858) 292-2763 Pages: 5 TOTAL  
Phone: Date: ~~01/05/01~~ 1/5/01  
Re: Medical Records on Darren Mickell CC:  
☒ Urgent ☐ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

Good morning James!  
I am requesting to receive medical Records on Darren Mickell for insurance purposes.  
I am enclosing a written letter requesting this, a copy of a signed release by Mr. Mickell & a copy of the 1st page of the insurance app.  
If you could fax this info back to me @ 781-487-2259 that would be great.  
If you have ANY questions- please call me @ 781-890-7630 X232.

Thank you!

Have a great weekend!

Laurie Fay

Any problems with fax, please call 781-890-7630X232

MICKELL-0582

A0698

FROM : MUTUAL OF NEW YORK

PHONE NO. : 781 890 4212

Jan. 05 2001 12:22PM P5

**SECTION A - PERSONAL INFORMATION**

Insured's Name (Print name as it is to appear on the policy.)  
 1. First Middle Last Sex Age Birthdate Birthplace  
 DARREN MICKELL M 30 70 MIAMI, FL  
 Social Security Number Driver's License Number License State Marital Status (circle one)  
 1926 M240-160-70-283-0 FL (single) married widowed divorced separated

2. Address (for MILITARY personnel, Home = Home of Record; Business = Present Address; Business address will be billed.)  
 Mail to: Home ☒ Business ☐  
 9520 CHELSEA DR. MIAMI, FL 33025  
 number street city state zip county

(Florida Applicants have the right to designate a secondary addressee - use Remarks Section)

3. Phone Number - Home area code 501 # 393-1475 Preferred Calling Time: AM PM  
 (where proposed insured can be contacted)  
 Business area code # Preferred Calling Time: AM PM

4. a) Occupation: (exact duties and years) b) Employer's Name and Address c) For Military Business  
 PROFESSIONAL (NFL) FOOTBALL PLAYER SAN DIEGO CHARGERS  
 1400 MURRAY CANYON RD. SAN DIEGO, CA 92123  
 Branch of Service Pay grade Estimated discharge date (mo./yr.) Is insured a dependent? yes no

5. Currently or during the past 12 months, has the insured:  
 a) smoked one or more cigarettes? yes no  
 b) used another form of nicotine? yes no  
 If "yes," specify type: pipe chewing tobacco nicotine gum cigar other

6. Height: 6 ft. 5 in. Weight: 270 lbs.  
 Any weight gain or loss in last 6 months?  
 Weight gain lbs. None  
 Weight loss lbs. (gain or loss)

7. a) Complete if specific Policy Date requested:  
 Date (mo./day/yr.) OR  
 b) Date policy to save insured's age? yes no

8. Is the insured now performing all the duties of his or her regular occupation on a full-time basis at the usual place of business? yes no  
 (If "no," explain in Remarks. Include date of last full-time work.)

9. Will coverage applied for replace or change any life insurance or annuities? yes no  
 If "yes," complete:  

Amount	Company	Issue Year	Policy Number	Group or Annuity
\$				
\$				
\$				
\$				
\$				

 (Submit replacement form if required.)  
 Is this a 1035 Exchange? yes no

**SECTION B - COVERAGE INFORMATION**

10. Plan CUSTOM TERM 20 OR  
 Initial Face Amount \$1,000,000 (not for Adjustable Life)  
 Amount Purchased by Premium of  
 Note: Premium stated here must be for frequency given in Question 18.  
 Death Benefit Option (for Adjustable Life only)  
☐ Option 1  
☐ Option 2 Option 2 is automatic unless Option 1 is checked  
☐ Waiver of Monthly Deduction \$  
☐ Waiver of Premium (WVP) \$  
☐ Waiver of Specified Premium \$  
☐ Accidental Death Benefit (ADB) \$  
☐ Accidental Death and Dismemberment \$  
☐ Purchase Option Rider (POR) \$  
☐ Single Premium GO (AGOR) \$  
☐ Modal Premium GO (MGOR) \$  
☐ Rollover/Loan GO (LGOR) \$  
☐ Paid up Additions \$  
☐ Term Rider \$  
☐ Exchange Rider \$  
☐ Guaranteed Death Benefit Rider \$  
☐ Other \$  
☐ Children's Term Rider \$  
 Name(s) & Date(s) of birth of children-specify medical history in Question 24.

11. Automatic Premium Loan if available? yes no  
 "Not available on qualified retirement plans, or non-cash value plans."  
 Life Remarks (see Page 4 for additional remarks)

90-410

MICKELL-0583

A0699

FROM : MUTUAL OF NEW YORK

PHONE NO. : 781 890 4212

Jan. 05 2001 12:22PM P4

**NOTIFICATION OF ABNORMAL HIV ANTIBODY TEST RESULTS:**

If your HIV antibody test results are abnormal, we will notify whomever you designate below and we will confirm that we have done so at your request. We encourage you to designate your physician or another professional who can counsel you in confidence on the personal medical significance of an abnormal test. You may also elect to receive abnormal test results directly by filling in your name and address below. No routine notification will be sent for normal results.

I request that results of an abnormal HIV antibody test be sent to the following person and address:

Name: Dr. Mr. Ms. (Circle one)

Initial Here

Street

Unit/Apt.

City

State

Zip

**NOTICE OF OTHER TESTING (BLOOD CHEMISTRY PROFILE AND URINALYSIS):**

To further evaluate your insurability, the insurer will require the performance of a Blood Chemistry Profile and Urinalysis. A BLOOD CHEMISTRY PROFILE is a series of tests for total cholesterol, HDL cholesterol, triglycerides, glucose and blood sugar control, liver function and kidney function. URINALYSIS is a microscopic and chemical examination of the urine for evidence of kidney or urinary tract disease, medications, drugs, nicotine, and their metabolites. We do not routinely notify insureds of these specific test results.

**CONSENT:**

I have read and I understand this Notice and Consent Form. I voluntarily consent to the withdrawal of blood from me, the testing of my blood for HIV antibodies, performance of a blood chemistry profile and urinalysis, and the disclosure of abnormal HIV antibody test results and reporting thereof to MIB as described above. I understand that (i) I may revoke my consent to these tests by refusing to provide blood and urine samples, and (ii) I may obtain a copy of this form.

This authorization will expire in 12 months if testing has not been undertaken by then.

12-4-00  
Date

[Signature]  
Signature of Proposed Insured

For information about the underwriting process and privacy protection, please consult "MONY's" Information Practices and the Underwriting Process" in the MONY application package.

FROM : MUTUAL OF NEW YORK

PHONE NO. : 781 898 4212

Jan. 05 2001 12:21PM P3



MONEY Life Insurance Company  
1740 Broadway  
New York, NY 10019

Test Consent Form  
Form No. 13124 (10/1999)

DARREN MICKELL  
Proposed Insured

Application No.

## NOTICE AND CONSENT FOR AIDS-RELATED BLOOD TESTING, BLOOD CHEMISTRY PROFILE AND URINALYSIS

### PRE-TESTING CONSIDERATIONS (HIV ANTIBODY TEST):

Many public health organizations have recommended that before taking an AIDS-related blood test a person should seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested. If you want to consider this matter further, then you do not have to sign this form now. However, the underwriting of your application will be suspended and a continued refusal to sign this form will eventually result in the declination of your application.

### AIDS HOTLINES:

You may wish to contact the National AIDS Hotline, funded by the U.S. Public Health Service, to ask questions and to get brief counseling at 1-800-342-7514. In addition, many states have their own respective AIDS hotlines that may be called for further information about AIDS, the meaning of HIV-related test results, measures to prevent spreading the infection, and the availability and location of HIV-related counseling services. In New York State, the Department of Health's statewide toll free number is 1-800-541-AIDS. If you wish to obtain the toll free telephone number of the AIDS hotline in your state, you may contact the insurer's Toll Free Line at 1-800-487-MONY.

### THE HIV ANTIBODY TEST:

To evaluate your eligibility for insurance or insurance benefits, the insurer requests that you provide a sample of your blood for testing and analysis. One test to be performed on this sample will be a test to determine the presence of antibodies to the HUMAN IMMUNODEFICIENCY VIRUS (HIV), also known as the AIDS virus. The HIV antibody test is actually a series of tests done by a medically-accepted procedure that is extremely reliable. At the insurer's sole expense, the testing will be performed by a laboratory certified by the U.S. Department of Health and Human Services.

### CONFIDENTIALITY OF HIV ANTIBODY TEST RESULTS:

All such test results will be treated confidentially. The results of the test will be reported by the laboratory to the insurer's Chief Medical Director. In addition, if your HIV antibody test is abnormal (positive), a generic code signifying a nonspecific blood abnormality will be reported to the Medical Information Bureau, Inc., (MIB). If your HIV test is negative, no report about it will be made to MIB. The fact that the test has been done and the results of the test will not be otherwise disclosed except as may be allowed by law or as authorized by you.

### MEANING OF HIV ANTIBODY TEST RESULTS:

The HIV antibody test is extremely accurate. However, in rare instances the test may be positive in persons who are not infected with the virus (a "false positive"). Additionally, the test may occasionally be negative in persons who are infected with HIV (a "false negative") especially when the infection has occurred within the previous 3-6 months. While positive HIV antibody test results do not mean that you have AIDS, they do mean that you are at a seriously increased risk of developing AIDS. The U.S. Center for Disease Control has said that persons who are HIV antibody positive should be considered infected with the AIDS virus and capable of infecting others. Abnormal HIV antibody test results will adversely affect your insurance application by resulting in a declination (denial) of coverage. It is also possible that your HIV antibody test results will be normal, but the insurer may decline your application on the basis of OTHER lab test results, or medical or personal information developed in the underwriting process.

FROM : MUTUAL OF NEW YORK

PHONE NO. : 781 890 4212

Jan. 05 2001 12:20PM P2



**MONY Life Insurance Company**  
950 Winter Street  
Suite 3310  
Waltham, MA 02451  
www.mony.com  
781 890 7630 Ext. 232  
781 890 4212 Fax  
lfay@mony.com

**Laurie A. Fay**  
Marketing Manager

January 5, 2001

Dear Mr. Collins,

I am requesting from you, the medical records on Darren Mickell for insurance purposes with MONY. Mr. Mickell has a life insurance policy that is going through the process of being issued and his medical records are being requested. I have enclosed a sign release by Mr. Mickell, along with a copy of the front page of the application for insurance.

If you have any questions please do not hesitate to call me, the number is listed on the fax cover sheet.

If at all possible, please fax the records, so we can get Mr. Mickell's application expedited ASAP.

Thank you for your time on this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Laurie A. Fay".

Laurie A. Fay  
Marketing Manager  
MONY

MONY Life Insurance Company is a member of The MONY Group.

MICKELL-0586

A0702

**SAN DIEGO CHARGERS  
POST-SEASON PHYSICAL EXAMINATION**

Name of Player: Mickell, DarrenDate: 12/2/18

List below all of your injuries, medical problems, ailments and diseases existing on this date (if none write NONE):

**Part I (to be completed by Examining Physician)**

<b>Head:</b>	History of injury:	<u>Yes</u>	<u>No</u>	Comments:
	Change since last exam:	<u>Yes</u>	<u>No</u>	
<b>Neck:</b>	History of injury:	<u>Yes</u>	<u>No</u>	Comments:
	Change since last exam:	<u>Yes</u>	<u>No</u>	
<b>Shoulders:</b>	History of injury:	<u>Yes</u>	<u>No</u>	Comments: ② AC pt joint ④ imp stable x-ray osteolysis
	Change since last exam:	<u>Yes</u>	<u>No</u>	
<b>Elbows:</b>	History of injury:	<u>Yes</u>	<u>No</u>	Comments:
	Change since last exam:	<u>Yes</u>	<u>No</u>	
<b>Wrists:</b>	History of injury:	<u>Yes</u>	<u>No</u>	Comments:
	Change since last exam:	<u>Yes</u>	<u>No</u>	
<b>Hands:</b>	History of injury:	<u>Yes</u>	<u>No</u>	Comments:
	<b>Fingers:</b> Change since last exam:	<u>Yes</u>	<u>No</u>	
<b>Back:</b>	History of injury:	<u>Yes</u>	<u>No</u>	Comments:
	<b>Hips:</b> Change since last exam:	<u>Yes</u>	<u>No</u>	
<b>Ankle:</b>	History of injury:	<u>Yes</u>	<u>No</u>	Comments:
	<b>Foot:</b> Change since last exam:	<u>Yes</u>	<u>No</u>	
<b>Leg:</b>	Change since last exam:	<u>Yes</u>	<u>No</u>	

MICKELL-0587

A0703

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

1926 Mickell, Darren	<b>Onset Date:</b> 12/10/00
Case 9 Right KNEE MEDIAL COLLATERAL SPRAIN	<b>Return Date:</b> 12/14/00
Episode 1	<b>Days Missed:</b> 3
	- No Level

<b>Recorder:</b> Scott Trulock	<b>Supervisor:</b> James Collins	<b>Record Date:</b> 01/03/01
<b>Participation Status:</b> FULL PARTICIPATION	<b>Resolution:</b> 100% Normal <b>Function:</b> 100% Normal	<b>(Final Resolution:</b> 0%) <b>(Final Function:</b> 0%)
<b>Diagnostic Procedures:</b> Palpation Exams	<b>Management Procedures:</b> THERAPEUTIC MODALITY	
<b>Primary Mechanism:</b> Stretch <b>Nature of Injury:</b> Sudden Onset	<b>Action Taken:</b> Returned to Play <b>Referred To:</b> David Chao	
<b>Team Session:</b> Practice/Skill-Live <b>Team Activity:</b> Passing <b>Period:</b> 3rd Quart/ 3/4 Pract <b>Location:</b> <b>Protection of Injured Area:</b> Customary Uniform	<b>Player Postion:</b> DEF-End <b>Player Activity:</b> TACKLING <b>Surface:</b> Grass <b>Surface Condition:</b> NORMAL	
<b>Equipment Type:</b> Shoes <b>Equipment Brand:</b> NIKE <b>Equipment Vintage:</b>	<b>Temperature:</b> 38 <b>Humidity:</b> 100 <b>Research:</b>	
<b>Coach's Report Comments:</b>		
<b>Physician's Diagnosis:</b>		
<b>Diagnosing Physician:</b> <b>Comments:</b>	<b>Date of Diagnosis:</b> / /	
<b>Progress Notes:</b>		

MICKELL-0588

A0704

**Daily Treatment Chronology***San Diego Chargers  
Football**Friday, January 05, 2001***Mickell, Darren****Episode 1** Right KNEE MEDIAL COLLATERAL SPRAIN**Onset Date:** 12/10/00 **Return Date:** 12/14/00

		<u>Treatments</u>	<u>Intensity</u>	<u>Duration</u>	<u>Comments</u>
12/12/00	00:00	ICE <i>Charger Park</i>			<i>said he felt ok</i>
12/13/00	00:00	DID NOT RECEIVE <i>Charger Park</i>			

MICKELL-0589

A0705

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

1926 Mickell, Darren	<b>Onset Date:</b> 10/15/00
Case 8 Left KNEE INFLAMMATION	<b>Return Date:</b> 10/26/00
Episode 1	<b>Days Missed:</b> 10
	- No Level

<b>Recorder:</b> Scott Trulock	<b>Supervisor:</b> James Collins	<b>Record Date:</b> 10/26/00
<b>Participation Status:</b> FULL PARTICIPATION	<b>Resolution:</b> 100% Normal <b>Function:</b> 100% Normal	<b>(Final Resolution: 0%)</b> <b>(Final Function: 0%)</b>
<b>Diagnostic Procedures:</b> Palpation Exams M.R.I.	<b>Management Procedures:</b> THERAPEUTIC MODALITY	
<b>Primary Mechanism:</b> Direct Impact <b>Nature of Injury:</b> Sudden Onset	<b>Action Taken:</b> Returned to Play <b>Referred To:</b> David Chao	
<b>Team Session:</b> Game - Away <b>Team Activity:</b> Run/Inside Tackle <b>Period:</b> Pst-Game/Pst Pract <b>Location:</b> Rich Stadium <b>Protection of Injured Area:</b> Customary Uniform	<b>Player Position:</b> DEF-End <b>Player Activity:</b> TACKLING <b>Surface:</b> Unknown Surface-New <b>Surface Condition:</b> NORMAL	
<b>Equipment Type:</b> <b>Equipment Brand:</b> <b>Equipment Vintage:</b>	<b>Temperature:</b> 65 <b>Humidity:</b> 70 <b>Research:</b>	
<b>Coach's Report Comments:</b>		
<b>Physician's Diagnosis:</b>		
<b>Diagnosing Physician:</b> <b>Comments:</b>	<b>Date of Diagnosis:</b> / /	
<b>Progress Notes:</b> came in late today with complaint of soreness and swelling; stated that he fell or was hit on his knee during the game; exam by Chao - refer to his notes; sent for MRI		

MICKELL-0590

A0706

**Daily Treatment Chronology**San Diego Chargers  
Football

Friday, January 05, 2001

**Mickell, Darren**

e 8 Episode 1 Left KNEE INFLAMMATION

Onset Date: 10/15/00 Return Date: 10/26/00

		Treatments	Intensity	Duration	Comments
10/17/00	00:00	EXERCISE E-STIM ICE  <i>Charger Park</i>			said he was a little better; decrease effusion; still pt tender over the posterior fibular head
10/18/00	00:00	EXERCISE E-STIM ICE  <i>Charger Park</i>			said he was still sore, most of discomfort is in the gastroc; not able to complete pract; toe raises 3x15; gastroc/soleus stretching
10/19/00	00:00	EXERCISE HYDROCOLLATOR  <i>Charger Park</i>			came in late for treatment; said he felt better; decrease swelling; increase AROM; toe raises 3x15; gastroc stretching
10/20/00	00:00	DID NOT RECEIVE <i>Charger Park</i>			
10/21/00	00:00	DID NOT RECEIVE <i>Charger Park</i>			
10/22/00	00:00	DID NOT RECEIVE <i>Charger Park</i>			
10/24/00	00:00	E-STIM EXERCISE ICE  <i>Charger Park</i>			said he was still a little sore; no swelling; SAQ 4x15; SC dips 3x20; cybex full spect
10/25/00	00:00	EXERCISE E-STIM ICE  <i>Charger Park</i>			came in post pract for treatment; SC dips 3x15; SAQ 4x10 @ 15-25
10/26/00	00:00	DID NOT RECEIVE <i>Charger Park</i>			

MICKELL-0591

A0707

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

<b>Case 7</b>	<b>Left</b>	<b>ANKLE ANTERIOR TALO-FIB SPRAIN</b>	<b>Onset Date:</b>	10/08/00
<b>Episode 1</b>			<b>Return Date:</b>	10/11/00
			<b>Days Missed:</b>	2
				- No Level

<b>Recorder:</b>	Scott Trulock	<b>Supervisor:</b>	James Collins	<b>Record Date:</b>	10/11/00
<b>Participation Status:</b>	FULL PARTICIPATION	<b>Resolution:</b>	100% Normal	<b>(Final Resolution:</b>	0%)
		<b>Function:</b>	100% Normal	<b>(Final Function:</b>	0%)
<b>Diagnostic Procedures:</b>	Palpation Exams	<b>Management Procedures:</b>	THERAPEUTIC MODALITY		
<b>Primary Mechanism:</b>	Stretch	<b>Action Taken:</b>	Returned to Play		
<b>Nature of Injury:</b>	Sudden Onset	<b>Referred To:</b>	David Chao		
<b>Team Session:</b>	Game - Home	<b>Player Position:</b>	DEF-End		
<b>Team Activity:</b>	Passing	<b>Player Activity:</b>	TACKLING		
<b>Period:</b>	3rd Quart/ 3/4 Pract	<b>Surface:</b>	Grass		
<b>Location:</b>	Qualcomm Stadium	<b>Surface Condition:</b>	NORMAL		
<b>Protection of Injured Area:</b>	Customary Uniform				
<b>Equipment Type:</b>	Shoes	<b>Temperature:</b>	70		
<b>Equipment Brand:</b>	NIKE	<b>Humidity:</b>	65		
<b>Equipment Vintage:</b>		<b>Research:</b>			
<b>Coach's Report Comments:</b>					
<b>Physician's Diagnosis:</b>					
<b>Diagnosing Physician:</b>					
<b>Date of Diagnosis:</b> / /					
<b>Comments:</b>					
<b>Progress Notes:</b> 3rd qrt 6:05 pass play; said he "rolled" his ankle causing some discomfort on the lateral aspect of his L ankle; was re-taped and finished the game; did not come in post game for an exam					

MICKELL-0592

A0708

**Daily Treatment Chronology**

Friday, January 05, 2001

San Diego Chargers  
Football**Mickell, Darren**

e 7 Episode 1 Left ANKLE ANTERIOR TALO-FIB SPRAIN

Onset Date: 10/08/00 Return Date: 10/11/00

		<u>Treatments</u>	<u>Intensity</u>	<u>Duration</u>	<u>Comments</u>
10/09/00	00:00				did not report for inj check
10/10/00	00:00	DID NOT RECEIVE			
		Charger Park			

MICKELL-0593

A0709

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

1926 Mickell, Darren	<b>Onset Date:</b> 09/07/00
Case 6 Right HIP INJURY /NON-SPECIFIC	<b>Return Date:</b> 09/11/00
Episode 1	<b>Days Missed:</b> 3
	- No Level

<b>Recorder:</b> Scott Trulock	<b>Supervisor:</b> James Collins	<b>Record Date:</b> 09/11/00
<b>Participation Status:</b> FULL PARTICIPATION	<b>Resolution:</b> 100% Normal <b>Function:</b> 100% Normal	<b>(Final Resolution:</b> 0%) <b>(Final Function:</b> 0%)
<b>Diagnostic Procedures:</b> Palpation Exams	<b>Management Procedures:</b> THERAPEUTIC MODALITY	
<b>Primary Mechanism:</b> Unknown	<b>Action Taken:</b>	REMOVED FROM PLAY
<b>Nature of Injury:</b> Gradual Onset	<b>Referred To:</b>	David Chao
<b>Team Session:</b> REGULAR PRACTICE	<b>Player Postion:</b>	DEF-End
<b>Team Activity:</b> Passing	<b>Player Activity:</b>	TACKLING
<b>Period:</b> 2nd Quart/ 2/4 Pract	<b>Surface:</b>	Grass
<b>Location:</b>	<b>Surface Condition:</b>	NORMAL
<b>Protection of Injured Area:</b> Customary Uniform		
<b>Equipment Type:</b>	<b>Temperature:</b>	82
<b>Equipment Brand:</b>	<b>Humidity:</b>	80
<b>Equipment Vintage:</b>	<b>Research:</b>	
<b>Coach's Report Comments:</b>		
<b>Physician's Diagnosis:</b>		
<b>Diagnosing Physician:</b>	<b>Date of Diagnosis:</b> / /	
<b>Comments:</b>		
<b>Progress Notes:</b> came in this am with hx x 1 day of hip and groin pain; etiology unkown; pain not specific to one spot or area; does get pain with walking but only on occasion; sent to see Chao for exam; refer to his notes		

MICKELL-0594

A0710

**Daily Treatment Chronology**

Friday, January 05, 2001

San Diego Chargers  
Football**Mickell, Darren**

e 6 Episode 1 Right HIP INJURY /NON-SPECIFIC

Onset Date: 09/07/00 Return Date: 09/11/00

		<u>Treatments</u>	<u>Intensity</u>	<u>Duration</u>	<u>Comments</u>
09/08/00	00:00	EXERCISE WHIRLPOOL, COLD	1	30min	said he feels ok; good AROM; good strength; hip jt osolations; SC hip rt 4way 3x15
		Charger Park			
09/11/00	00:00				said he feels good; no problems from the game

MICKELL-0595

A0711

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

<b>Case 5</b>	<b>Left</b>	<b>CLAVICLE A-C SPRAIN</b>	<b>Onset Date:</b>	11/14/00
<b>Episode 2</b>			<b>Return Date:</b>	11/21/00
			<b>Days Missed:</b>	6
				- No Level

<b>Recorder:</b>	Scott Trulock	<b>Supervisor:</b>	James Collins	<b>Record Date:</b>	11/20/00
<b>Participation Status:</b>	FULL PARTICIPATION	<b>Resolution:</b>	100% Normal	<b>(Final Resolution:</b>	0%)
		<b>Function:</b>	100% Normal	<b>(Final Function:</b>	0%)
<b>Diagnostic Procedures:</b>	Palpation Exams	<b>Management Procedures:</b>	THERAPEUTIC MODALITY		
<b>Primary Mechanism:</b>	Stretch	<b>Action Taken:</b>	Returned to Play		
<b>Nature of Injury:</b>	Gradual Onset	<b>Referred To:</b>	David Chao		
<b>Team Session:</b>	Game - Home	<b>Player Postion:</b>	DEF-End		
<b>Team Activity:</b>	Passing	<b>Player Activity:</b>	TACKLING		
<b>Period:</b>	3rd Quart/ 3/4 Pract	<b>Surface:</b>	Grass		
<b>Location:</b>	Qualcomm Stadium	<b>Surface Condition:</b>	NORMAL		
<b>Protection of Injured Area:</b>	Customary Uniform				
<b>Equipment Type:</b>	Shoulder Pads	<b>Temperature:</b>	0		
<b>Equipment Brand:</b>	RIDDELL, INC.	<b>Humidity:</b>	0		
<b>Equipment Vintage:</b>		<b>Research:</b>			
<b>Coach's Report Comments:</b>					
<b>Physician's Diagnosis:</b>					
<b>Diagnosing Physician:</b>					
<b>Date of Diagnosis:</b> / /					
<b>Comments:</b>					
<b>Progress Notes:</b> Hx of ac joint spr; states that his shoulder has been getting sore each week; has mild swelling over the ac jt; good AROM; decrease strength due to discomfort; SC shoulder rt 3x10					

MICKELL-0596

A0712

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

<b>Case 5</b>	<b>Left</b>	<b>CLAVICLE A-C SPRAIN</b>	<b>Onset Date:</b> 08/25/00
<b>Episode 1</b>			<b>Return Date:</b> 09/02/00
			<b>Days Missed:</b> 7
			- No Level

<b>Recorder:</b> Scott Trulock	<b>Supervisor:</b> James Collins	<b>Record Date:</b> 09/02/00
<b>Participation Status:</b> FULL PARTICIPATION	<b>Resolution:</b> 100% Normal <b>Function:</b> 100% Normal	<b>(Final Resolution:</b> 0%) <b>(Final Function:</b> 0%)
<b>Diagnostic Procedures:</b> Palpation Exams	<b>Management Procedures:</b> THERAPEUTIC MODALITY	
<b>Primary Mechanism:</b> Direct Impact	<b>Action Taken:</b>	Returned to Play
<b>Nature of Injury:</b> Sudden Onset	<b>Referred To:</b>	David Chao
<b>Team Session:</b> Game - Home	<b>Player Position:</b>	DEF-End
<b>Team Activity:</b> Passing	<b>Player Activity:</b>	BLOCKED
<b>Period:</b> 2nd Quart/ 2/4 Pract	<b>Surface:</b>	Grass
<b>Location:</b> Qualcomm Stadium	<b>Surface Condition:</b>	Hard
<b>Protection of Injured Area:</b> Customary Uniform		
<b>Equipment Type:</b> Shoulder Pads	<b>Temperature:</b>	72
<b>Equipment Brand:</b> RIDDELL, INC.	<b>Humidity:</b>	74
<b>Equipment Vintage:</b>	<b>Research:</b>	
<b>Coach's Report Comments:</b>		
<b>Physician's Diagnosis:</b>		
<b>Diagnosing Physician:</b>		
<b>Comments:</b>		
<b>Progress Notes:</b> 1st qrt 9:15; after rushing the QB he was knocked to the ground and the OL fell on his L shoulder causing an AC sprain; exam by Dr Chao and cont to play; removed from game after 2nd qrt		

MICKELL-0597

A0713

**Daily Treatment Chronology**

Friday, January 05, 2001

San Diego Chargers  
Football**Mickell, Darren****Case 5 Episode 1 Left CLAVICLE A-C SPRAIN**

Onset Date: 08/25/00 Return Date: 09/02/00

		Treatments	Intensity	Duration	Comments
08/26/00	00:00	E-STIM ICE Charger Park			said he was sore today; mild swelling
08/27/00	00:00	DID NOT RECEIVE Charger Park			called in to leave a message with JC
08/28/00	00:00	EXERCISE ICE Charger Park			said he was sore but feels alot better; good AROM; mild pt tenderness; shoulder stretching; dumbell shoulder rt 3x15
08/29/00	00:00	EXERCISE ICE Charger Park			"It's sore but not too bad today"; decrease pt tenderness; good ROM; shoulder stretching; dumbell shoulder rt 3x15; UBE x10
08/30/00	00:00	EXERCISE HYDROCOLLATOR ICE Charger Park			said he just had some general soreness; dumbell shoulder rt 3x15
08/31/00	00:00	HYDROCOLLATOR Charger Park			said he should feels much better; full AROM; dumbell shoulder rt 3x15
09/01/00	00:00				said he feels ok; no treatment

**Case 5 Episode 2 Left CLAVICLE A-C SPRAIN**

Onset Date: 11/14/00 Return Date: 11/21/00

		Treatments	Intensity	Duration	Comments
11/14/00	00:00	E-STIM EXERCISE ICE Charger Park			Hx of AC joint spr states that his shoulder has been getting sore each week; has mild swelling over the AC jt; good AROM; decrease strength due to discomfort; SC shoulder rt 3x10
11/15/00	00:00	DID NOT RECEIVE Charger Park			
11/16/00	00:00	DID NOT RECEIVE Charger Park			
11/17/00	00:00	DID NOT RECEIVE Charger Park			
11/20/00	00:00				no complaints from the game

MICKELL-0598

A0714

11/01/00 WED 14:45 FAX --- HEALTHSO

001/007

**HEALTH SOUTH  
DIAGNOSTIC CENTER OF SAN DIEGO**5471 Kearny Villa Road, Suite 100  
San Diego, CA 92123  
(858) 560-4634**PATIENT:** Mickell, Darren**DOB** [REDACTED] 1970**EXAM DATE:** 10/31/2000**REFERRAL:** David J. Chao, M.D.**REPORT DATE:** 10/31/2000**EXAM:** MRI Left Shoulder**FINDINGS:**

History: Anterior and superior pain for six weeks. Inability to lift weights; question rotator cuff tear.

As discussed with you on the telephone immediately after the procedure was performed, there is no evidence of a rotator cuff tear, and the biceps tendon is intact. The humeral head has a smooth contour without evidence of fracture, dislocation, or avascular necrosis, and no labral tear is identified. There is slight widening of the acromioclavicular joint, and there is hypertrophy of the joint capsule which is distended with fluid. The capsule appears to be stripped slightly medially along the superior surface of the distal clavicle, all of which is consistent with a subacute AC separation. There is slight swelling of the coracoclavicular ligament, as well. The coracoacromial and coracohumeral ligaments are intact. There is no fluid within the subacromial bursa or in the glenohumeral joint.

**IMPRESSION:**

The changes within the acromioclavicular joint are consistent with an AC separation as we have discussed. The examination is otherwise unremarkable.



**PETER D. FRANKLIN, M.D.**  
Board Certified Radiologist

**MARK SATERIALE, M.D.**  
Board Certified Radiologist

This faxed information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

**TRANSCRIPTION DATE/TIME:** 11/1/2000 1:56:51 PM

MICKELL-0599

A0715

09/08/00 FRI 11:15 FAX --- HEALTHSO

001/003

**HEALTH SOUTH  
DIAGNOSTIC CENTER OF SAN DIEGO**

5471 Kearny Villa Road, Suite 100  
San Diego, CA 92123  
(858) 560-4634

**PATIENT:** Mickell, Darren

**DOB** [REDACTED] 1970

**EXAM DATE:** 9/7/2000

**REFERRAL:** David J. Chao, M.D.

**REPORT DATE:** 9/8/2000

**EXAM:** MRI Right Hip

**FINDINGS:**

History: Question labral tear or loose body. There has been pain for five days.

As we discussed on the telephone, immediately after the procedure was performed, there is no evidence of a fracture, dislocation, or avascular necrosis of the right hip. There may be chondromalacia within the posterior recess of the joint, and there is a small effusion. There is no labral tear identified. A single coronal STIR image (9) demonstrates a very subtle linear focus of abnormal signal that extends to the articular surface, but this is probably present on the other side as well, and it is not confirmed on the sagittal sequences. There is no elevated STIR signal adjacent to it to suggest a fracture. There is no evidence of a muscle mass or hematoma adjacent to the hip.

**IMPRESSION:**

There is a small effusion in the right hip joint, and there may be low-grade chondromalacia affecting the posterior aspect of the joint, but the examination is otherwise unremarkable, as we have discussed.



**PETER D. FRANKLIN, M.D.**  
Board Certified Radiologist

**MARK SATERIALE, M.D.**  
Board Certified Radiologist

This faxed information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

**TRANSCRIPTION DATE/TIME:** 09/08/2000 11:08 AM

MICKELL-0600

A0716

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

<b>1926 Mickell, Darren</b>	<b>Onset Date:</b> 08/18/00
<b>Case 4 Left AXILLA NERVE CONTUSION</b>	<b>Return Date:</b> 08/27/00
<b>Episode 1</b>	<b>Days Missed:</b> 8
	<b>- No Level</b>

<b>Recorder:</b> Scott Trulock	<b>Supervisor:</b> James Collins	<b>Record Date:</b> 08/27/00
<b>Participation Status:</b> FULL PARTICIPATION	<b>Resolution:</b> 100% Normal <b>Function:</b> 100% Normal	<b>(Final Resolution:</b> 0%) <b>(Final Function:</b> 0%)
<b>Diagnostic Procedures:</b> Palpation Exams	<b>Management Procedures:</b> THERAPEUTIC MODALITY	
<b>Primary Mechanism:</b> Direct Impact	<b>Action Taken:</b>	REMOVED FROM PLAY
<b>Nature of Injury:</b> Sudden Onset	<b>Referred To:</b>	David Chao
<b>Team Session:</b> Game - Away	<b>Player Postion:</b>	DEF-End
<b>Team Activity:</b> Passing	<b>Player Activity:</b>	BLOCKED
<b>Period:</b> 3rd Quart/ 3/4 Pract	<b>Surface:</b>	Unknown Surface-New
<b>Location:</b> Georgia Dome	<b>Surface Condition:</b>	NORMAL
<b>Protection of Injured Area:</b> Customary Uniform		
<b>Equipment Type:</b>	<b>Temperature:</b>	0
<b>Equipment Brand:</b>	<b>Humidity:</b>	0
<b>Equipment Vintage:</b>	<b>Research:</b>	
<b>Coach's Report Comments:</b>		
<b>Physician's Diagnosis:</b>		
<b>Diagnosing Physician:</b>	<b>Date of Diagnosis:</b> / /	
<b>Comments:</b>		
<b>Progress Notes:</b> 3rd qrt; came to sidel line following a pass play stated that he had pain in his L underarm; exam by Dr Murphy; said that he tried to push the offensive player to his R when he felt a sharp pain; removed from game		

MICKELL-0601

A0717

**Daily Treatment Chronology**

Friday, January 05, 2001

San Diego Chargers  
Football**Mickell, Darren**

e 4 Episode 1 Left AXILLA NERVE CONTUSION

Onset Date: 08/18/00 Return Date: 08/27/00

		Treatments	Intensity	Duration	Comments
08/19/00	00:00				said he felt better today; exam by Dr Chao - refer to his notes
08/20/00	00:00	ICE Charger Park			came in late for treatment; stated that he was sore
08/21/00	00:00	EXERCISE HYDROCOLLATOR ICE  Charger Park			said he was sore; increase AROM; increase strength; SC shoulder: horiz flex, ext 3x15; dumbell horiz flex 3x15
08/22/00	00:00	EXERCISE HYDROCOLLATOR ICE  Charger Park			said he feels better; increase AROM; SC shoulder rt 3x15; MR: shoulder add 3x10; PNF D1 flex only; pract with not problems; wore shoulder harness
08/23/00	00:00	EXERCISE HYDROCOLLATOR ICE  Charger Park			said he feels much better; increase AROM; shoulder dumbell rt 3x15
08/24/00	00:00				said he feels alot better today; increase AROM/strength; shoulder stretching; SC shoulder rt 3x15
08/26/00	00:00	E-STIM ICE Charger Park			no problems from game

MICKELL-0602

A0718

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

<b>-1926</b>	<b>Mickell, Darren</b>	<b>Onset Date:</b>	08/09/00
<b>Case 3</b>	<b>N/A</b>	<b>Return Date:</b>	08/11/00
<b>GI TRACT STOMACH ILLNESS/OTHER</b>		<b>Days Missed:</b>	1
<b>Episode 1</b>			- No Level

<b>Recorder:</b>	Scott Trulock	<b>Supervisor:</b>	James Collins	<b>Record Date:</b>	08/10/00
<b>Participation Status:</b>	FULL PARTICIPATION	<b>Resolution:</b>	100% Normal	<b>(Final Resolution:</b>	0%)
		<b>Function:</b>	100% Normal	<b>(Final Function:</b>	0%)
<b>Diagnostic Procedures:</b>	OTHER	<b>Management Procedures:</b>	REST		
<b>Primary Mechanism:</b>	Unknown	<b>Action Taken:</b>	Refer to Physician		
<b>Nature of Injury:</b>	Systemic Illness	<b>Referred To:</b>	Jerry Hizon		
<b>Team Session:</b>	NON-SPORT RELATED	<b>Player Postion:</b>	DEF-End		
<b>Team Activity:</b>	Not Applicable	<b>Player Activity:</b>	Not Applicable		
<b>Period:</b>	Pre-Game/Pre-Pract	<b>Surface:</b>	NOT APPLICABLE		
<b>Location:</b>		<b>Surface Condition:</b>	NORMAL		
<b>Protection of Injured Area:</b>	Customary Uniform				
<b>Equipment Type:</b>		<b>Temperature:</b>	76		
<b>Equipment Brand:</b>		<b>Humidity:</b>	78		
<b>Equipment Vintage:</b>		<b>Research:</b>			
<b>Coach's Report Comments:</b>					
<b>Physician's Diagnosis:</b>					
<b>Diagnosing Physician:</b>					
<b>Date of Diagnosis:</b> / /					
<b>Comments:</b>					
<b>Progress Notes:</b> came to the training room prior to pract with complaint of stomach cramps, diarrhea; talked to Dr Hizon; reccomended rest and clear liquids					

MICKELL-0603

A0719

**Daily Treatment Chronology**

Friday, January 05, 2001

San Diego Chargers  
Football**Mickell, Darren**

e 3 Episode 1 N/A GI TRACT STOMACH ILLNESS/OTHER

Onset Date: 08/09/00 Return Date: 08/11/00

	<u>Treatments</u>	<u>Intensity</u>	<u>Duration</u>	<u>Comments</u>
08/10/00 00:00				said he feels really good; no residual

MICKELL-0604

A0720

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

<b>Case 2</b>	<b>Left</b>	<b>ELBOW ULNAR NERVE CONTUSION</b>	<b>Onset Date:</b> 08/05/00
<b>Episode 1</b>			<b>Return Date:</b> 08/08/00
			<b>Days Missed:</b> 2
			- No Level

<b>Recorder:</b> Scott Trulock	<b>Supervisor:</b> James Collins	<b>Record Date:</b> 08/07/00
<b>Participation Status:</b> FULL PARTICIPATION	<b>Resolution:</b> 100% Normal <b>Function:</b> 100% Normal	<b>(Final Resolution:</b> 0%) <b>(Final Function:</b> 0%)
<b>Diagnostic Procedures:</b> Palpation Exams	<b>Management Procedures:</b> THERAPEUTIC MODALITY	
<b>Primary Mechanism:</b> Direct Impact	<b>Action Taken:</b> Returned to Play	
<b>Nature of Injury:</b> Sudden Onset	<b>Referred To:</b> David Chao	
<b>Team Session:</b> Game - Away	<b>Player Postion:</b> DEF-End	
<b>Team Activity:</b> Run/Outside Tackle	<b>Player Activity:</b> BLOCKED	
<b>Period:</b> 4th Quart/ 4/4 Pract	<b>Surface:</b> Grass	
<b>Location:</b> 3Com Park	<b>Surface Condition:</b> NORMAL	
<b>Protection of Injured Area:</b> None		
<b>Equipment Type:</b>	<b>Temperature:</b> 0	
<b>Equipment Brand:</b>	<b>Humidity:</b> 0	
<b>Equipment Vintage:</b>	<b>Research:</b>	
<b>Coach's Report Comments:</b>		
<b>Physician's Diagnosis:</b>		
<b>Diagnosing Physician:</b>	<b>Date of Diagnosis:</b> / /	
<b>Comments:</b>		
<b>Progress Notes:</b> came off field in 4th qrt with complaint of pain with numbness and tingling in his hand after being hit on his L elbow; exam by Dr Murphy - refer to his notes; returned to game after being cleared		

MICKELL-0605

A0721

**Daily Treatment Chronology**

Friday, January 05, 2001

San Diego Chargers  
Football**Mickell, Darren**

e 2 Episode 1 Left ELBOW ULNAR NERVE CONTUSION				Onset Date: 08/05/00	Return Date: 08/08/00
		<u>Treatments</u>	<u>Intensity</u>	<u>Duration</u>	<u>Comments</u>
08/06/00	00:00				said he was still sore today; with a little residual numbness in his 5th finger; exam by Dr Chao - refer to his notes
08/07/00	00:00	DID NOT RECEIVE Charger Park			did well in pract

MICKELL-0606

A0722

**Injury Case Report**

Friday, January 05, 2001

Football

San Diego Chargers

1926	Mickell, Darren	<b>Onset Date:</b>	07/25/00
Case 1	N/A LUMBAR ERECTOR SPINAE STRAIN	<b>Return Date:</b>	07/30/00
Episode 1		<b>Days Missed:</b>	4
			- No Level

<b>Recorder:</b>	Scott Trulock	<b>Supervisor:</b>	James Collins	<b>Record Date:</b>	07/30/00
<b>Participation Status:</b>	FULL PARTICIPATION	<b>Resolution:</b>	100% Normal	<b>(Final Resolution:</b>	0%)
		<b>Function:</b>	100% Normal	<b>(Final Function:</b>	0%)
<b>Diagnostic Procedures:</b>	Palpation Exams	<b>Management Procedures:</b>	THERAPEUTIC MODALITY		
<b>Primary Mechanism:</b>	Unknown	<b>Action Taken:</b>	Returned to Play		
<b>Nature of Injury:</b>	Gradual Onset	<b>Referred To:</b>	David Chao		
<b>Team Session:</b>	REGULAR PRACTICE	<b>Player Postion:</b>	DEF-End		
<b>Team Activity:</b>	Passing	<b>Player Activity:</b>	BLOCKED		
<b>Period:</b>	3rd Quart/ 3/4 Pract	<b>Surface:</b>	Grass		
<b>Location:</b>		<b>Surface Condition:</b>	NORMAL		
<b>Protection of Injured Area:</b> Customary Uniform					
<b>Equipment Type:</b>		<b>Temperature:</b>	69		
<b>Equipment Brand:</b>		<b>Humidity:</b>	65		
<b>Equipment Vintage:</b>		<b>Research:</b>			
<b>Coach's Report Comments:</b>					
<b>Physician's Diagnosis:</b>					
<b>Diagnosing Physician:</b>					
<b>Date of Diagnosis:</b> / /					
<b>Comments:</b>					
<b>Progress Notes:</b> 1 on 1 period; stated that his low back on the R side has gotten progressively tight; specific etiology unknown; stretched lumbar area and continued to pract; has pain at the R SI region; neg neuro; lumbar stretch rt					

MICKELL-0607

A0723

**Daily Treatment Chronology**San Diego Chargers  
Football

Friday, January 05, 2001

**Mickell, Darren**

Episode 1 N/A LUMBAR ERECTOR SPINAE STRAIN

Onset Date: 07/25/00 Return Date: 07/30/00

		Treatments	Intensity	Duration	Comments
07/26/00	00:00	E-STIM EXERCISE ICE HYDROCOLLATOR MASSAGE ULTRASOUND			said he feels about the same; pt tender at L2/L3; limited ROM to L side bend; lumbar stab program; seen by Dr Chao - refer to his notes
		Charger Park			
07/27/00	00:00	EXERCISE E-STIM HYDROCOLLATOR ICE MASSAGE ULTRASOUND			"I feel better but it's still tender"; lumbar stab program; appears to have a trigger pint at the L3-L4 paraspinals
		Charger Park			
07/28/00	00:00	EXERCISE E-STIM HYDROCOLLATOR ICE MASSAGE ULTRASOUND			said he feels much better; increase AROM; had lateral paraspinal trigger point at L3-L4 level; able to release and stretch; pract with mild tightness
		Charger Park			
07/29/00	00:00	HYDROCOLLATOR ICE Charger Park			

MICKELL-0608

A0724

**SAN DIEGO CHARGERS  
INTERIM INJURY QUESTIONNAIRE**

Name of Player: Mickell, DarrenDate: 7/20/00Date of Last Exam: 4/27/00**Part I** (to be completed by Examining Physician)

List below all accidents, injuries, illnesses and changes in your physical or mental condition since the date (shown above) of your last physical examination by the team physician (if none, write NONE):

---

List below all of your injuries, medical problems, ailments and diseases existing on this date (if none write NONE):

---

**Part II** (to be completed by Examining Physician)

<b>Head:</b>	History of injury:	<u>  </u> Yes <u>  </u> No	Comments:
	Change since last exam:	<u>  </u> Yes <u>  </u> No	
<b>Neck:</b>	History of injury:	<u>  </u> Yes <u>  </u> No	Comments:
	Change since last exam:	<u>  </u> Yes <u>  </u> No	
<b>Shoulders:</b>	History of injury:	<u>  </u> Yes <u>  </u> No	Comments:
	Change since last exam:	<u>  </u> Yes <u>  </u> No	
<b>Elbows:</b>	History of injury:	<u>  </u> Yes <u>  </u> No	Comments:
	Change since last exam:	<u>  </u> Yes <u>  </u> No	
<b>Wrists:</b>	History of injury:	<u>  </u> Yes <u>  </u> No	Comments:
	Change since last exam:	<u>  </u> Yes <u>  </u> No	
<b>Hands: Fingers:</b>	History of injury:	<u>  </u> Yes <u>  </u> No	Comments:
	Change since last exam:	<u>  </u> Yes <u>  </u> No	

MICKELL-0609

A0725

MICKELL, DARREN  
January 14, 2000

SAN DIEGO CHARGERS  
Free Agent Physical

#### HISTORY & PHYSICAL EXAMINATION

Darren presents for evaluation. He is a senior veteran from the University of Florida who played for Kansas City for four years and then New Orleans for three. He notes today that he sprained his right ankle and could not work out as was required. He had a left knee arthroscopy while in Florida in 1990. He had both knees scoped in Kansas City in 1995. He had a right shoulder arthroscopy in 1998 in New Orleans. He has no complaints referable to his shoulders or knees.

**Physical Exam:** Examination of the neck today reveals normal range of motion. He has full motion of both shoulders. He has no evidence of any weakness. Rotator cuff strength is excellent.

Examination of the lower extremities reveal surgical arthroscopic portals on both knees. Mild patellofemoral crepitus is noted. His knees are stable to varus/valgus stress. No effusion in either knee is noted. McMurray testing is negative. Lachman testing is negative.

Examination of the ankles reveal the left is normal but the right reveals tenderness and swelling but no instability. Motion is somewhat limited, secondary to this most recent ankle sprain.

**Diagnostic Studies:** **Right Shoulder** – X-rays today, reveal current calcification within the anterior acromion and AC joint. His AC joint is narrowed. He has normal motion within his elbow, wrist and hand. He has a mild residual Boutonniere deformity of his right little finger which is asymptomatic.

**Left Knee** – X-rays today, reveal normal overall bony alignment. Mild lateral patellar joint space narrowing, left and right. Mild intercondylar osteophyte formation is noted.

**Impression:** Mild patellofemoral joint narrowing, left knee.

**Right Knee** - X-rays today, reveal similar findings.

**Right Ankle** – X-rays today, are negative.

**Conclusion:** Darren has an acute ankle sprain, right, which does not allow him to pass his physical examination on today's date. He has bilateral mild degenerative knees at the patellofemoral joint. His right shoulder has recurrent calcification. I would anticipate he would pass the physical examination within three to four weeks once his ankle had resolved with treatment.

PCM/cms

MICKELL-0610

A0726

4

PERSONAL INFORMATION	YES	NO	QUANTITY/FREQUENCY
Do you wear glasses or contacts?		<input checked="" type="checkbox"/>	
Do you have false teeth or bridge- work?		<input checked="" type="checkbox"/>	
Do you smoke cigarettes? If so how much?		<input checked="" type="checkbox"/>	
Do you dip snuff or chew tobacco? If so how much?	<input checked="" type="checkbox"/>		
Do you drink alcoholic beverages? If so how much?		<input checked="" type="checkbox"/>	
Do you take any medications? If so please list:	<input checked="" type="checkbox"/>		INDISIN
A.			
B.			
C.			
D.			

FAMILY HISTORY	Mother	Father	Brother(s)	Sister(s)	Others
If alive list age(s).	47		31	15, 25	
If deceased list age when occurred.		36			
Has a history of:					
Heart disease					
High Cholesterol					
Stroke					
High blood pressure					
Cancer					
Diabetes					
Epilepsy					
Mental illness					
Blood diseases: sickle cell anemia or trait, leukemia, etc.					
Has any family member died suddenly while exercising					YES / NO
Has any family member died of a heart attack under the age of 50 years of age?					YES / NO
Does any family member have a drug or alcohol problem?					YES / NO

ALLERGIES/ INTOLERANCE/ HAY FEVER	YES	NO	If YES describe the reaction you had.
Penicillin		<input checked="" type="checkbox"/>	
Sulfa medications		<input checked="" type="checkbox"/>	
Tetracycline medications		<input checked="" type="checkbox"/>	
Codeine		<input checked="" type="checkbox"/>	
Aspirin		<input checked="" type="checkbox"/>	
Anti-inflammatory medications		<input checked="" type="checkbox"/>	
Tetanus Antitoxin or Serums		<input checked="" type="checkbox"/>	
Others (list medications and foods)			Describe reaction
a.			
b.			
c.			
d.			
e.			

PRIOR IMMUNIZATIONS	YES	NO	Approximate date of last shot
Hepatitis B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Tetanus	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Measles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Chickenpox	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

MICKELL-0611

A0727

NAME \_\_\_\_\_

Darren Mickell

DATE \_\_\_\_\_

HAVE YOU EVER HAD OR ARE YOU CURRENTLY EXPERIENCING:

NAME		NO	YES	NAME		NO	YES
1	Rheumatic fever?	/		23	Frequent cough after exercise?	/	
2	Malaria?	/		24	Frequent abdominal pain?	/	
3	Hepatitis (Jaundice)?	/		25	Frequent indigestion (Heart burn)?	/	
4	Meningitis?	/		26	Stomach or peptic ulcer?	/	
5	Tuberculosis?	/		27	Appendicitis?	/	
6	Mononucleosis?	/		28	Colitis or bowel disease?	/	
7	Gonorrhea or Syphilis?	/		29	Constipation?	/	
8	Frequent Skin Infections or Boils?	/		30	Frequent or bloody diarrhea?	/	
9	Sinusitis?	/		31	Hemorrhoids or rectal bleeding?	/	
10	Frequent upper respiratory infections?	/		32	Liver or gall bladder disease?	/	
11	Pneumonia or pleurisy?	/		33	Kidney or bladder infections?	/	
12	Frequent sore throats?	/		34	Kidney or gall bladder stones?	/	
13	Epilepsy (seizure)?	/		35	Difficulty or pain urinating?	/	
14	Frequent headaches?	/		36	Passed blood, pus, or sugar in urine?	/	
15	Migraine headaches?	/		37	Sex problems?	/	
16	Dizziness?	/		38	Hernia?	/	
17	Chest pain with exercise?	/		39	Diabetes?	/	
18	Fainted/Passed out?	/		40	Thyroid trouble?	/	
19	High or low blood pressure?	/		41	Anemia or sickle cell trait?	/	
20	Irregular heart beat?	/		42	Ear disease, injury or impaired function?	/	
21	Heart murmur?	/		43	Eye disease, injury or impaired function?	/	
22	Asthma?	/		44	Cancer (Tumor)?	/	
45	Depression, nervous breakdown, seen or been advised to see a psychiatrist?				/		
46	Any drug or narcotic habit or have been treated for one?				/		
47	A single paired organ (one eve. kidney or testicle)?				/		
48	Any illness or condition not listed above? If so give details below.				/		

List the question number and give details to all YES questions:

Name: \_\_\_\_\_

Date:

2

# SAN DIEGO CHARGERS FOOTBALL CLUB MEDICAL AUTHORIZATIONS

Name: Darren Mickell Date: 4-27-00

Reference is made to the existing Standard Player Contract or NFL Player Contract between the San Diego Chargers (Club) and the undersigned (Player), as set forth in the "Contract" to his contractually required physical examination by the Club Physician given on this date.

- A. PRIOR MEDICAL RECORDS:** I hereby authorize and empower the Club and its representatives to examine, copy and/or obtain copies of any and all medical records relating to my prior health history, injury, complaints, tests, findings and treatments and I hereby authorize all physicians, hospitals, clinics, schools, colleges, NFL Clubs and other professional teams or organizations that may possess such records, to make them freely available to Club representatives. I also authorize club representatives to speak with prior club representatives concerning all aspects of my medical history. I do hereby release and discharge all such persons and institutions from any and all claims by reason thereof.
- B. PRESENT PHYSICAL CONDITION:** I have previously warranted and represented the Club, under Paragraph 8 of my contract, that I am in excellent physical condition. Upon reporting to the Club, I filled out a "Health History" form, and was examined by Club Physicians. Recognizing that my true physical condition (and a physician's ability to ascertain the same) is dependent upon an accurate medical history, I have fully disclosed, in writing, my prior medical history and present symptoms, complaints and ailments.
- C. COMPLETE DISCLOSURE:** I represent and warrant that at the time of this physical examination, I have made a full and complete disclosure, to the Club Physician conducting the exam, all existing and prior physical and mental defects, illnesses, injuries and other conditions known to me. I have not withheld or failed to disclose to such Physician any existing or previous defect, illness, injury, impairment or other physical and/or mental condition of which I have knowledge.
- D. RELEASE:** I hereby fully release that Club, its successors and assigns, of and from any and all liability, claims, demands, damages, suits, and causes of actions resulting from and/or arising out of, incident to, or in any manner, in connection with any existing or prior physical or mental defect, illness, injury or other condition known to me not disclosed to the club physician at the time of this physical examination, including but not limited to any aggravation or re-injury of or to any such existing or prior condition.
- E. FUTURE COMPLAINTS:** I acknowledge receipt of instructions from the Club that all future injuries, medical problems, ailments, complaints, re-injuries, and aggravations of old injuries must be immediately reported to the Club Athletic Trainers; no matter how minor or insignificant I deem them to be.
- F. RELEASE EXAMINATION:** I acknowledge receipt of instructions from the Club that I must submit to another physical examination by a Club Physician at the season's conclusion, or in the event of my being traded or being placed on waivers; at which time I shall record in writing all symptoms, complaints or ailments, if any, I may be experiencing.
- G. CLUB MEDICAL RECORDS:** I hereby authorize the Club to transfer and forward my complete medical record and files to any other NFL Club to which my contract may be traded or assigned. Such authorization extends to the Club's Physicians and their successors and to any hospital, clinic or institution to which I may be referred or admitted in connection with any illness, injury, test or treatment and I hereby release all of such persons and institutions from any and all claims by reason thereof.
- H. MEDICAL TREATMENT:** I hereby authorize the Club Team Physicians and Medical Consultants to examine and treat any injuries, which may occur while playing for the Club. I authorize the Team Physicians and Medical Consultants to communicate with the Club Officials regarding their findings and recommendations. I also authorize the Club Athletic Trainers to treat any and all such injuries, which occur while playing for the Club.

**WORKERS COMPENSATION:** I acknowledge that I have received a copy of the updated pamphlet entitled facts About Workers Compensation. I have read this and understand it.

Darren Mickell  
Player Signature

4-27-00  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

MICKELL-0613

A0729

## SAN DIEGO CHARGERS FOOTBALL CLUB HISTORY AND PHYSICAL EXAM

INSTRUCTION: This form is for your benefit: you must disclose all injuries or problems whether you consider them to have been serious or minor. Fill out the appropriate sections on pages 1-10.

Name: Darren Mickell Position: DE Today's Date: 4-27-00  
 Birth Date: [REDACTED] 70 Age: 29 Place of Birth: Miam. FL  
 Social Security Number: [REDACTED] 1926 College Attended: ~~FLORIDA~~ UNIV. OF FLORIDA  
 Height: 6'5 Weight: 280 Total Years in Pro Sports: 8 Presents Status: \_\_\_\_\_

List your previous professional teams as well as the dates played, starting with the most recent:

1) Team: K.C. Chief Years: 4 3) Team: \_\_\_\_\_ Years: \_\_\_\_\_  
 2) Team: NO. Sants Years: 3 4) Team: \_\_\_\_\_ Years: \_\_\_\_\_

☒ LABORATORY WORK

☒ EKG

AF: 690

☒ GENERAL MEDICAL

☐ ORTHOPEDIC

☒ DENTAL

☒ EYE

FURTHER TESTS: \_\_\_\_\_



MICKELL-0614

A0730

5

CONCUSSIONS	YES	NO	DETAILS
Have you ever had a concussion (if yes, how many?)			
Have you ever been knocked out (loss of consciousness)			
Have you ever had the following test for a concussion:			
Brain Scan			
CT scan			
MRI			
Have you ever had neuropsych testing			
Do you ever have headaches after hitting			
When was the last concussion			

ALTERNATIVE TREATMENTS	YES	NO	If yes, how frequently
Have you ever used the following treatments:			
Chiropractor			
Accupuncture			
Nutritionist			
Herbalist			
Other:			

**Please list all supplements / Herbs / Vitamins that you have used or are currently using:**

---



---



---



---



---



---

### EXPLANATION OF ALL "YES" ANSWERS ON HEALTH HISTORY

---



---



---



---



---



---

**Please list ALL hospitalizations for medical illnesses. List the dates and reason for the hospitalizations.**

**Date:**                      **Reason:**

---



---



---



---



---

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MICKELL-0615

A0731

6

MICKELL-0616

A0732

8

**ELBOW / ARM**

History of Injury: Right: Y N	Left	Right
Left: Y N	ROM: normal restricted	normal restricted
Dislocation: Y N	stable: Y N	Y N
Injections: Y N		
Surgeries: Y N		
Games missed:		
If yes, describe with dates:		
	Tests: MRI x-ray	Findings:

**WRIST**

History of Injury: Right: Y N	Left	Right
Left: Y N	ROM: normal restricted	normal restricted
Dislocation / Fracture: Y N	stable: Y N	Y N
Injections: Y N		
Surgeries: Y N		
Games missed:		
If yes, describe with dates:		
	Tests: MRI x-ray	Findings:

**HAND**

History of Injury: Right: Y N	Left	Right
Left: Y N	ROM: normal restricted	normal restricted
Fractures: Y N	stable: Y N	Y N
Injections: Y N		
Surgeries: Y N		
Games missed:		
If yes, describe with dates:		
	Tests: MRI x-ray	Findings:

**THUMB / FINGERS**

History of Injury: Right: Y N	Left	Right
Left: Y N	ROM: normal restricted	normal restricted
Dislocations/Fractures: Y N	stable: Y N	Y N
Injections: Y N		
Surgeries: Y N		
Games missed:		
If yes, describe with dates:		
	Tests: MRI x-ray	Findings:

MICKELL-0617

A0733

## SAN DIEGO CHARGERS FOOTBALL CLUB ORTHOPAEDIC EXAMINATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please list ALL inpatient and outpatient surgeries including arthroscopic procedures that you have had. List the date, nature of the operation, the Physician's name who did the operation and the city where you had the operation done.

Date	Operation	Physician	City

Please fill out the LEFT side of each section. Circle either the "Y" or the "N" for each of the questions and give any appropriate details in the space provided below. The physician will fill out the right side.

### NECK

History of Injury: Y N	ROM: normal restricted:
Burners / Stingers: Y N	Neuro intact: Y N
Surgeries: Y N	Spurring: Y N
Games missed:	
If yes, describe with dates:	
	Tests: MRI C-spine x-ray Findings:

### SHOULDER

History of Injury: Right: Y N	Left	Right
Left: Y N	ROM: normal restricted:	normal restricted:
Dislocations/Subluxations: Y N	stable: Y N	Y N
Injections: Y N	SLAP: neg pos	neg pos
Surgeries: Y N	RTC: / 5	/ 5
Games missed:		
If yes, describe with dates:		
	Tests: MRI x-ray Findings:	

**FOOT / TOES**

## MUSCLE / TENDON INJURIES

**Recommendations and / or Further Tests:**

~~PASSED~~    FAILED    PENDING: 1 1 1 1    Combine Grade: \_\_\_\_\_

Signature of examining Physician: [Signature] date of exam:           

Signature of Player: \_\_\_\_\_ date of exam: \_\_\_\_\_

A0735

**SPINE / LOW BACK**

History of Injury: Y N	ROM / Flexibility: normal restricted
Injections: Y N	Nerve intact: Y N
Surgeries: Y N	SLR: neg pos
Games missed:	
If yes, describe with dates:	
	Tests: MRI x-ray Findings:

**RIBS**

History of Injury: Y N	
Injections: Y N	
Fractures: Y N	
Games missed:	
If yes, describe with dates:	Tests: MRI x-ray Findings:

**HIP**

History of Injury: Right: Y N	Left	Right
Left: Y N	ROM: normal restricted	normal restricted
Dislocations/Fractures: Y N	stable: Y N	Y N
Injections: Y N		
Surgeries: Y N		
Games missed:		
If yes, describe with dates:		
	Tests: MRI x-ray Findings:	

**KNEE**

Left	Right	Left	Right
MCL: Y N	Y N	ROM: normal restricted	normal restricted
LCL: Y N	Y N	stable: YES NO	YES NO
ACL: Y N	Y N	ACL	
PCL: Y N	Y N	PCL	
If yes, was it reconstructed? Y N		MCL	
Meniscus: Y N	Y N	LCL	
Surgery/Scope: Y N	Y N	Effusion	
Injections: Y N	Y N	Crepitus	
Swelling/grinding: Y N	Y N	MJLT	
Do you wear a brace? Y N		LJLT	
Games missed:		McMurray	
		J- sign	
		Tests: MRI x-ray Findings:	

12

San Diego Chargers Football Club  
General Medical Physical Examination

Name:	Darren Mickell	Date:	4/27/00
Height		Weight	
Pulse	60	B.P.	110/78
General Appearance:			
Skin	N		
Head, Eyes	N		
Ears	N		
Nose	N		
Mouth and Pharynx	N		
Tongue	N		
Teeth	Gold tooth #12		
Neck	N		
Lymph Nodes	N		
Thyroid	N		
Lungs	N		
Peak Flow:			
Rest:			
Post exercise:			
Heart	N		
Abdomen	N		
Hernia	N		
External Genitalia	N		
Joints			
Neurological Exam	N		
Name:	Date:		

MICKELL-0621

A0737

Fill out the LEFT side of each section. The Physician will fill out the right side.

### EYE EXAM

Do you wear glasses: Y <input checked="" type="radio"/> N	External: <input checked="" type="radio"/> NL ABN
Do you wear contacts: Y <input checked="" type="radio"/> N	Media: <input checked="" type="radio"/> NL ABN
If yes, do you know the type:	Fundus (dilated) <input checked="" type="radio"/> NL ABN
History of Injury: Right Y <input checked="" type="radio"/> N	
Left Y <input checked="" type="radio"/> N	
Surgery: Right Y <input checked="" type="radio"/> N	Contacts: <input checked="" type="radio"/> D
Left Y <input checked="" type="radio"/> N	Eye Shield:
	Physician: <i>P. Tru</i>

### DENTAL EXAM

History of Injury: Y <input checked="" type="radio"/> N	Oral Cancer screening: Tobacco use: <i>chew</i> Frequency: <i>10-2x/wk</i>
Surgery: Y <input checked="" type="radio"/> N	
What kind of mouthpiece do you	
Use: <i>boil &amp; bite</i> custom	Oral Hygiene Eval: <i>fair</i>
<i>none</i>	
Do you want a custom mouthpiece	Visual areas of decay: <i>#18</i>
Y <input checked="" type="radio"/> N	
	Fractured/Broken Teeth: <i>#18</i>
	Wisdom teeth eval: <i>good</i>
	Immediate care needed prior to season: <i>#18 B/U, 1st m</i>
	Dentist: <i>[Signature]</i>

I have been given the opportunity to wear a custom mouthpiece, but have chosen not to wear one.

Signature: *[Signature]* Date: \_\_\_\_\_

14

## SAN DIEGO CHARGERS DISCLOSURE / INFORMED CONSENT

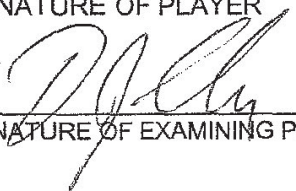
I have received a full explanation from the examining physician as to my present condition and medical findings from this examination in the pages of this document as well as what proper treatment and/or care of such stated findings should be followed.

I have received a full explanation from the examining physician that to play professional football may result in the aggravation or deterioration of such physical condition(s).

I hereby affirm that all statements in this document are true and correct and that no information has been withheld pertaining to my past and present physical, mental and injury history. If any information is false or omitted in reference to my medical history I fully understand that the San Diego Chargers Football Club is not responsible for any unknown past medical history.

I fully understand the possible consequences of playing professional football with the condition(s) described in the pages of this examination. Nonetheless, I desire to continue to play professional football and hereby assume the risk of the matters as described.

  
SIGNATURE OF PLAYER

  
SIGNATURE OF EXAMINING PHYSICIAN

WITNESS

4-27-10  
DATE

MICKELL-0623

A0739

13

## Test Findings, Summary and Recommendations:

Hypro cool

PASSED

FAILED

Reasons

## Further Tests Needed:

CXR EKG PF spirometer

Blood urine cardiac echo

Stress test

Other:

I do hereby attest that the answers and information given are true to the best of my knowledge, including the reporting of all injuries to date.

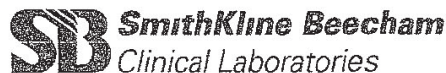
Signature of Player: Dane Miller Date: 4-27-00Examining Physician: Jeff Hines Date: 4/27/00

As of this date I see no reason to exclude this player from sports: \_\_\_\_\_

MICKELL-0624

A0740

## LABORATORY REPORT



MICROFILM# 04270050358

PATIENT NAME MICKELL, DARREN		PATIENT ID		ROOM NO.	AGE	SEX	PHYSICIAN
1		4630248	WD476714C		04272000	M	DR. HIZON
PAGE	ACQUISITION NO.	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG IN DATE	REPORT DATE	TIME
1	4630248	WD476714C		04272000-0825	04272000	04272000	4:09PM

REMARKS

PACIFIC  
TIME

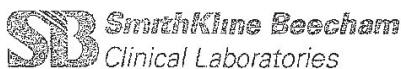
SS#: [REDACTED]-1926

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE			
		OUT OF RANGE			
Date of Birth: [REDACTED] 1970					
CHOLESTEROL, TOTAL		147	MG/DL	<200	WD
COMPREHENSIVE METABOLIC PANEL					WD
GLUCOSE		103	MG/DL	70-115	
UREA NITROGEN (BUN)		10	MG/DL	7-25	
CREATININE		1.3	MG/DL	0.5-1.4	
BUN/CREATININE RATIO		8	(CALC)	6-25	
SODIUM		142	MEQ/L	135-146	
POTASSIUM		3.8	MEQ/L	3.5-5.3	
CHLORIDE		104	MEQ/L	95-108	
CARBON DIOXIDE		28	MEQ/L	20-32	
CALCIUM		9.3	MG/DL	8.5-10.3	
PROTEIN, TOTAL		7.3	G/DL	6.0-8.5	
ALBUMIN		4.1	G/DL	3.2-5.0	
GLOBULIN		3.2	G/DL (CALC)	2.2-4.2	
ALBUMIN/GLOBULIN RATIO		1.3	(CALC)	0.8-2.0	
BILIRUBIN, TOTAL		0.9	MG/DL	0.0-1.3	
ALKALINE PHOSPHATASE		66	U/L	20-125	
AST (SGOT)		19	U/L	0-42	
ALT (SGPT)		11	U/L	0-48	
SICKLE CELL SCREEN		NEGATIVE		NEGATIVE	WD
CBC (INCLUDES DIFF/PLT)					WD
WHITE BLOOD CELL COUNT		4.5	THOUS/MCL	3.8-10.8	
RED BLOOD CELL COUNT		4.34	MILL/MCL	4.40-5.80	
HEMOGLOBIN		15.0	G/DL	13.8-17.2	
HEMATOCRIT		43.8	%	41.0-50.0	
MCV		90.5	FL	80.0-100.0	
MCH		30.9	PG	27.0-33.0	
MCHC		34.2	G/DL	32.0-36.0	
RDW		13.9	%	9.0-15.0	
PLATELET COUNT		246	THOUS/MCL	130-400	
ABSOLUTE NEUTROPHILS		1917	CELLS/MCL	1500-7800	
NEUTROPHILS		42.6	%		
ABSOLUTE LYMPHOCYTES		2014	CELLS/MCL	850-4100	
LYMPHOCYTES		49.2	%		
ABSOLUTE MONOCYTES		270	CELLS/MCL	200-1100	
MONOCYTES		6.0	%		
ABSOLUTE EOSINOPHILS		86	CELLS/MCL	50-550	
EOSINOPHILS		1.9	%		
ABSOLUTE BASOPHILS		14	CELLS/MCL	0-200	

&gt;&gt; REPORT CONTINUED ON NEXT PAGE - MICKELL, DARREN WD476714C &lt;&lt;

MICKELL-0625

A0741



AT	SmithKline Beecham Clinical Laboratories 1777 Montreal Circle Tucker, GA 30084 (770) 934-9205 Medical Director: W.M. Miller, M.D. Laboratory Director: Pat Ben-Dov	KY	SmithKline Beecham Clinical Laboratories 2277 Charleston Drive Lexington, KY 40503 (606) 259-3668 Medical Director: J. E. Dunnington, M.D.	PX	SmithKline Beecham Clinical Laboratories 2727 W. Baseline Road #8 Tampa, AZ 85283 (602) 438-8477 Medical Director: Mary Jane Hicks, M.D.
CA	SmithKline Beecham Clinical Laboratories 805 E. State Parkway Schaumburg, IL 60173 (708) 385-2016 (800) 669-6995 Laboratory Director: E. Staros, M.D.	MI	SmithKline Beecham Clinical Laboratories 5501 Northwest 159th Street Hialeah, FL 33014 (305) 620-0650 Medical Directors: R. Gomez, M.D. D. Economides, M.D.	SF	SmithKline Beecham Clinical Laboratories 6511 Golden Gate Drive Dublin, CA 94568 (510) 828-2500 Laboratory Director: J. Fitzwater, M.D.
CL	SmithKline Beecham Clinical Laboratories 6100 Halls Drive Valley View, OH 44125 (216) 328-7500 Laboratory Director: C. Hauer, M.D.	ML	SmithKline Beecham Clinical Laboratories 1103 Second Avenue, South Minneapolis, MN 55403 (612) 333-8521 Laboratory Director: Robert Morrison, M.D.	SI	Scipps Reference Laboratory 11107 Roselle Street San Diego, CA 92121 (800) 786-9709 Laboratory Director: David J. Bylund, M.D.
DE	SmithKline Beecham Clinical Laboratories 38700 Country Club Drive Farmington Hills, MI 48331 (313) 456-2300 Laboratory Director: K. Shah, M.D.	NO	SmithKline Beecham Clinical Laboratories 4948 110 Service Road West Metairie, LA 70001 (504) 880-2307 Medical Director: Carol Serin, M.D.	SL	SmithKline Beecham Clinical Laboratories 11636 Administration Drive St. Louis, MO 63146 (314) 567-3905 Laboratory Director: R.L. Patrick, M.D.
HL	SmithKline Beecham Clinical Laboratories 8933 Interchange Drive Houston, TX 77054 (800) 669-6905 Laboratory Director: W. Grofford, M.D.	NS	SmithKline Beecham Clinical Laboratories 2545 Park Plaza Nashville, TN 37203 (615) 327-1855 Medical Director: H. Pribor, M.D., Ph.D.	TP	SmithKline Beecham Clinical Laboratories 4225 E. Fowler Avenue Tampa, FL 33617 (813) 872-7100 Medical Director: Harvey Kincaid, Ph.D.
IF	SmithKline Beecham Clinical Laboratories 8000 Sovereign Row Dallas, TX 75247 (214) 638-1001 (800) 442-2102 Medical Director: S. Hilson, M.D.	NW	SmithKline Beecham Clinical Laboratories 1737 Airport Way, S. Suite 200 Seattle, WA 98134 (206) 623-8100 (800) 877-0051 Laboratory Director: T. Rand Collins, M.D., Ph.D.	VN(BL)	SmithKline Beecham Clinical Laboratories National Ecotone Testing Center 7600 Tyrone Avenue Van Nuys, CA 91405 (818) 869-2520 Laboratory Director: P.S. Nocer, M.D., Ph.D.
IR	SmithKline Beecham Clinical Laboratories 801 N. Frio San Antonio, TX 78207 (512) 223-5101 Medical Director: Robert Allen, M.D.	NY	SmithKline Beecham Clinical Laboratories 575 Underhill Boulevard Syosset, NY 11791 (516) 877-3800 Laboratory Director: J. Daino, M.D.	WD	SmithKline Beecham Clinical Laboratories 7600 Tyrone Avenue Van Nuys, CA 91405 (818) 869-2520 Laboratory Director: P.S. Nocer, M.D., Ph.D.
KP	SmithKline Beecham Clinical Laboratories 400 Egypt Road Norristown, PA 19403 (610) 881-4500 (800) 523-0289 Medical Director: W. Kshatus, M.D.	PL	SmithKline Beecham Clinical Laboratories 11425 Cronhill Drive Owings Mills, MD 21117 (301) 561-2400 Medical Directors: A. McTigue, M.D. P. Whelan, M.D.	WM	SmithKline Beecham Clinical Laboratories 343 Winter Street Waltham, MA 02254 (781) 890-6161 (800) 669-4566 Medical Director: Jon L. Keller, M.D.

## Western Area Laboratory Service Centers

AA	Medical Park Lab, Inc. A SBC Managed Laboratory 4120 Lugal Street Anchorage, Alaska 99503 (907) 553-3170 Laboratory Director: Marcel Jackson, M.D.	CX	SmithKline Beecham Clinical Laboratories 1025 West Olympic Blvd. Los Angeles, CA 90015 (213) 625-3265 Laboratory Director: G. Moyer, M.D.	MC	SmithKline Beecham Clinical Laboratories 1541 Florida Ave., Suite 102 Modesto, CA 95350 (209) 577-1246 Laboratory Director: Roger Vogelzang, M.D.	RN	SmithKline Beecham Clinical Laboratories 85 Kimsa Reno, Nevada 89502 (702) 522-1984 Laboratory Director: John Wierfeld, M.D.	VO	SmithKline Beecham Clinical Laboratories Affiliated With Valley Medical Center 400 South 43rd Street Renton, WA 98055 (425) 251-5166 Laboratory Director: Iris Allen, M.D.
AB	Medical Park Lab, Inc. A SBC Managed Laboratory 2211 East Northern Lights Blvd., Suite 210 Anchorage, Alaska 99508 (907) 572-5475 Laboratory Director: Marcel Jackson, M.D.	DJ	SmithKline Beecham Clinical Laboratories 1275 Wallace Road, NW Salem, OR 97304 (503) 370-9816 Laboratory Director: Greg Clark, Ph.D.	14H	SmithKline Beecham Clinical Laboratories 3010 Frost Street, # 202 San Diego, CA 92104 (619) 278-6355 Laboratory Director: G. Moyer, M.D.	SC	SmithKline Beecham Clinical Laboratories 1505 Soquel Dr., # 4 Santa Cruz, CA 95062 (408) 475-9043 Laboratory Director: Jerry Hahn, C.L.B.	W	SmithKline Beecham Clinical Laboratories 1000 Oak St., # 7 Salem, OR 97301 (503) 370-4512 Laboratory Director: Greg Clark, Ph.D.
AL	SmithKline Beecham Clinical Laboratories 1931 South Union #6036 Tacoma, WA 98405 (253) 572-4331 Laboratory Director: Greg Clark, M.D.	DW	SmithKline Beecham Clinical Laboratories 5335 Cordata Parkway Bellingham, WA 98226 (360) 728-6039 Laboratory Director: T. Rand Collins, M.D., Ph.D.	MJ	Clinical Pathology Laboratory A SBC Affiliate 41210 11th Street West, Suite I Parsippany, NJ 07054 (908) 267-7733 Laboratory Director: Louise Braham, M.D.	SH	SmithKline Beecham Clinical Laboratories 525 E. Rennie Lane, # H Salinas, CA 95051 (408) 494-8958 Laboratory Director: Ernest Stierdt, M.D.	XS	SmithKline Beecham Clinical Laboratories 215 So. Willis Merida, CA 93921 (209) 734-1334 Laboratory Director: Thomas Volk, M.D.
AFM	SmithKline Beecham Clinical Laboratories Affiliated With Alaska Regional Hospital 2201 Dabban Road Anchorage, AK 99508 (907) 584-1121 Lab Director: Steven Jaych, M.D.	EV	SmithKline Beecham Clinical Laboratories 1200 NE 128th Kirkland, WA 98034 (425) 859-2733 Lab Director: Alex Ritzon, M.D.	NR	SmithKline Beecham Clinical Laboratories 2291 March Lane-Building F Stockton, CA 95207 (209) 951-6331 Laboratory Director: Robert F. Chard, M.D.	SM	SmithKline Beecham Clinical Laboratories 101 S. San Mateo, # 107 San Mateo, CA 94401 (650) 345-4221 Laboratory Director: Paul Ortagg, M.D.	ZI	SmithKline Beecham Clinical Laboratories 599 Mountain View Dr. Shelton, WA 98584 (206) 427-7807 Director: Josee Mast, M.D.
BO	SmithKline Beecham Clinical Laboratories Affiliated With Coastal Medical Center 3800 Coastal Mall Drive Olympia, WA 98502 (360) 754-3838 Laboratory Director: Richard Whitten, M.D.	FB	SmithKline Beecham Clinical Laboratories 516 Faculty Medical Laboratory 11370 Ardmore St., #2600 Loma Linda, CA 92399 (909) 788-6816 (800) 788-7526 Laboratory Directors: Arthur Hucks, M.D. Brian Bull, M.D.	OB	SmithKline Beecham Clinical Laboratories 2023 Summit St. Ste. 105 Oakland, CA 94609 (510) 835-9593 Laboratory Director: Thomas Wayne Rodgers, M.D.	SS	SmithKline Beecham Clinical Laboratories 2235 Post Street, # 103 San Francisco, CA 94118 (415) 868-0181 Laboratory Director: Robert Hamel, C.L.B.	ZO	Health Diagnostic Laboratory Managed By SmithKline Beecham Clinical Laboratories 6325 N. 25th Ave. Phoenix, AZ 85021 (602) 951-7172 Laboratory Director: Jim Ulte, M.D.
BO	SmithKline Beecham Clinical Laboratories 1414 119th St. NE Bellevue, WA 98004 (425) 482-1820 Laboratory Director: Ted Snider, M.D.	GSA	SmithKline Beecham Clinical Laboratories Affiliated With Good Samaritan Hospital 407 14th Ave. SE Puyallup, WA 98371 (206) 841-5840 Laboratory Director: Jeffery A. Freed, M.D.	PSH	SmithKline Beecham Clinical Laboratories Affiliated With Puget Sound Hospital 215 South 26th Street Tacoma, WA 98408 (253) 474-0551 Laboratory Director: Marc Mauney, M.D.	TE	SmithKline Beecham Clinical Laboratories 13722 Garden Grove Blvd. Garden Grove, CA 92643 (714) 746-5400 Laboratory Directors: Jeffrey Light, M.D. Maher M. Badir, M.D.		
BU	SmithKline Beecham Clinical Laboratories 235 West Ballard Oroville, CA 95912 (530) 255-3157 Laboratory Director: Melvin Arkenman, C.L.B.	JP	SmithKline Beecham Clinical Laboratories 2700 Northrup Way Bellevue, WA 98004 (425) 628-2236 Laboratory Director: Ted Snider, M.D.	HC	SmithKline Beecham Clinical Laboratories 77 Cadillac Drive #280 Sacramento, CA 95825 (916) 521-1555 Laboratory Director: Richard Liende, M.D.				
CH	SmithKline Beecham Clinical Laboratories 183 East 9th Ave Chgo, CA 93325 (916) 342-0122 (513) 424-4448 (No. CA only) Laboratory Director: John Winfield, M.D.	JW	SmithKline Beecham Clinical Laboratories 339 North 18 Blvd B Pocatello, ID 83201 Laboratory Director: Mickey Myrne, M.D.						
CS	SmithKline Beecham Clinical Laboratories 720 South 320th Perris, WA 90003 (253) 927-6536 Laboratory Director: Greg Clark, M.D.	KR	SmithKline Beecham Clinical Laboratories 2630 Squallum Parkway Bellingham, WA 98226 (360) 735-8647 Laboratory Director: T. Rand Collins, M.D., Ph.D.						

## CONTINUED REPORT

92123198 AREA/ROUTE/STOP: MA00000  
 SAN DIEGO CHARGERS 2000  
 4020 MURPHY CANYON RD  
 SAN DIEGO, CA 92183  
 ATTN: JAMES CULLINS, AIC

## LABORATORY REPORT



MICROFILM# 04270050358

PATIENT NAME MICKELL, DARREN		PATIENT ID		ROOM NO	AGE 29	SEX M	PHYSICIAN DR. HIZON
PAGE 2	REQUISITION NO. 4830E48	ACCESSION NO. WD476714C	LAB REF #	COLLECTION DATE & TIME 04/25/00 0825	FOG IN DATE 04/27/00	REPORT DATE 04/29/00	TIME 4:08 PM

REMARKS

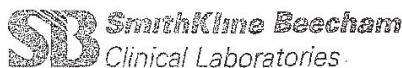
PACIFIC  
TIME

SS#: [REDACTED] 1926

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			
FINAL	Date of Birth: [REDACTED] 1970					
	CBC (INCLUDES DIFF/PLT) (CONTINUED)					
	BASOPHILS	0.3		%		
	URINALYSIS, REFLEX					WD
	COLOR	YELLOW			YELLOW	
	APPEARANCE	CLEAR			CLEAR	
	SPECIFIC GRAVITY	1.030			1.001-1.035	
	PH	4.5			4.6-8.0	
	GLUCOSE	NEGATIVE			NEGATIVE	
	BILIRUBIN	NEGATIVE			NEGATIVE	
	KETONES	NEGATIVE			NEGATIVE	
	OCCULT BLOOD	NEGATIVE			NEGATIVE	
	PROTEIN	NEGATIVE			NEGATIVE	
	TRITE	NEGATIVE			NEGATIVE	
	LEUKOCYTE ESTERASE	NEGATIVE			NEGATIVE	
	*GLUCOSE-6-PHOSPHATE DEHYDROGENASE	271		UNITS	146-376	VN
				VERIFIED BY REPEAT ANALYSIS		
	TEST UNITS ARE IN UNITS/TRILLION RBC					
	THYROID STIMULATING HORMONE	2.5		MICRO IU/ML	0.4-5.5	WD
	FERRITIN	248		NG/ML	18-350	SF
	RPR (MONITOR) W/REFL TITER	NON-REACTIVE			NON-REACTIVE	WD
	>> END OF REPORT - MICKELL, DARREN WD476714C <<					

MICKELL-0627

A0743

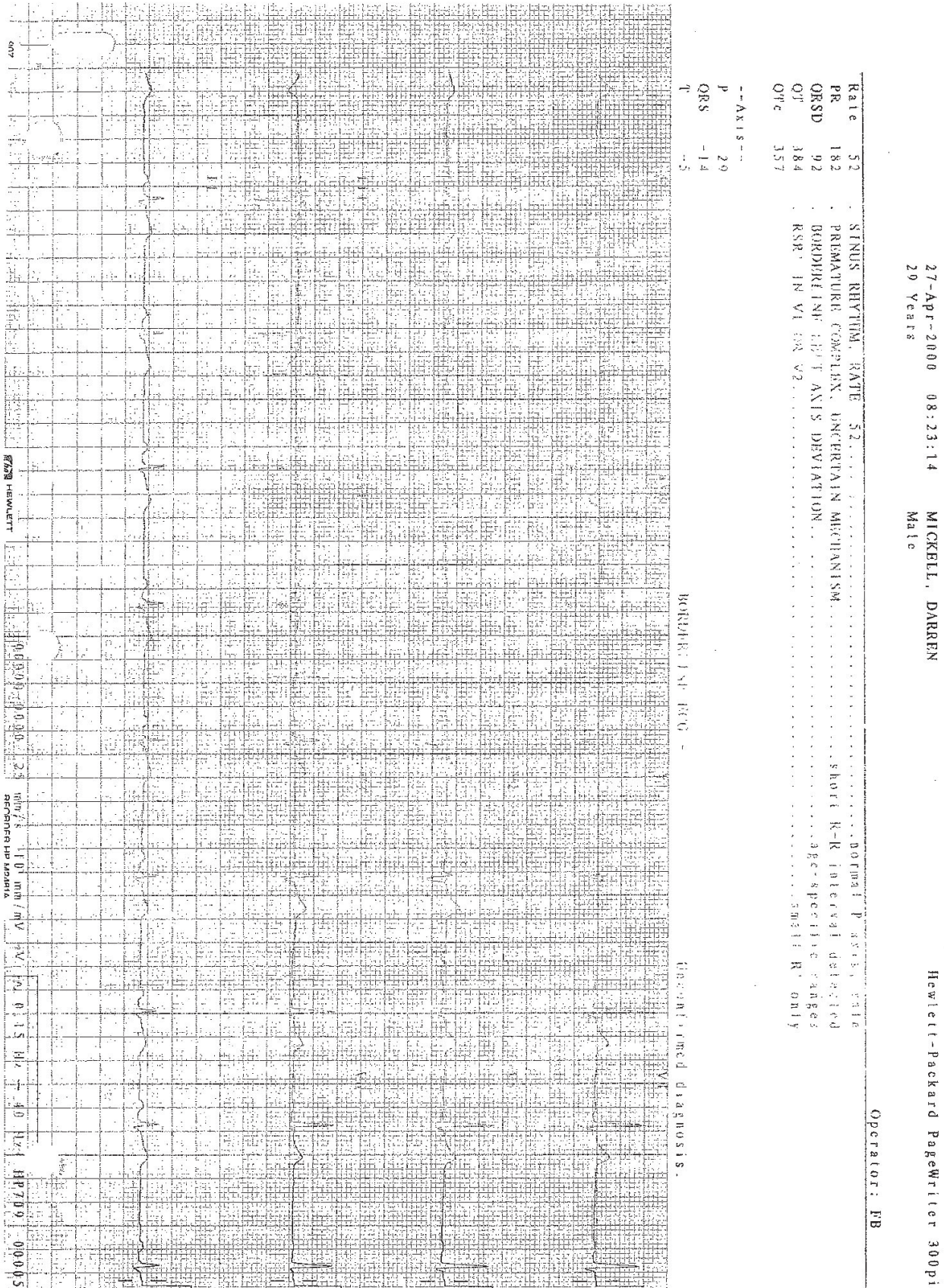


AT	SmithKline Beecham Clinical Laboratories 1777 Montreal Circle Tucker, GA 30084 (770) 934-9205 Medical Director, W.M. Miller, M.D. Laboratory Director, Pat Ben-Dov	KY	SmithKline Beecham Clinical Laboratories 2277 Charleston Drive Lexington, KY 40505 (606) 259-2666 Medical Director, J. E. Dunnington, M.D.	PX	SmithKline Beecham Clinical Laboratories 2727 W. Baseline Road #8 Tempe, AZ 85283 (602) 438-6477 Medical Director, Mary Jane Hicks, M.D.
CA	SmithKline Beecham Clinical Laboratories 505 E. State Parkway Schaumburg, IL 60173 (708) 885-2010 (800) 669-6695 Laboratory Director, E. Stalos, M.D.	MI	SmithKline Beecham Clinical Laboratories 5601 Northwest 159th Street Hialeah, FL 33014 (305) 620-0650 Medical Directors, R. Gomez, M.D. D. Economides, M.D.	SF	SmithKline Beecham Clinical Laboratories 6511 Golden Gate Drive Dublin, CA 94568 (510) 828-2500 Laboratory Director, J. Fitzwater, M.D.
CL	SmithKline Beecham Clinical Laboratories 6180 Hall Drive Valley View, OH 44126 (216) 326-7500 Laboratory Director, C. Hauer, M.D.	ML	SmithKline Beecham Clinical Laboratories 1103 Second Avenue, South Minneapolis, MN 55403 (612) 333-6521 Laboratory Director, Robert Morrison, M.D.	SI	Scipios Reference Laboratory 11107 Roselle Street San Diego, CA 92121 (602) 788-8709 Laboratory Director, David J. Sylum, M.D.
DE	SmithKline Beecham Clinical Laboratories 38700 Country Club Drive Farmington Hills, MI 48331 (313) 488-2300 Laboratory Director, K. Sheik, M.D.	NO	SmithKline Beecham Clinical Laboratories 4649 I 10 Service Road West Metairie, LA 70001 (504) 889-2307 Medical Director, Carol Santin, M.D.	SL	SmithKline Beecham Clinical Laboratories 11636 Administration Drive St. Louis, MO 63146 (314) 567-3905 Laboratory Director, R.L. Patrick, M.D.
IL	SmithKline Beecham Clinical Laboratories 8533 Interchange Drive Houston, TX 77054 (800) 669-6665 Laboratory Director, W. Crofford, M.D.	NS	SmithKline Beecham Clinical Laboratories 2545 Park Plaza Nashville, TN 37203 (615) 327-1655 Medical Director, H. Pribor, M.D., Ph.D.	TP	SmithKline Beecham Clinical Laboratories 4225 E. Fowler Avenue Tampa, FL 33617 (813) 972-7100 Medical Director, Harvey Kincaid, Ph.D.
IF	SmithKline Beecham Clinical Laboratories 6090 Snaregirt Row Dallas, TX 75247 (214) 638-1201 (800) 442-2102 Medical Director, S. Hiron, M.D.	NW	SmithKline Beecham Clinical Laboratories 1737 Airport Way, S. Suite 200 Seattle, WA 98134 (206) 522-9100 (800) 677-0051 Laboratory Director, T. Rand Collins, M.D., Ph.D.	UN[IL]	SmithKline Beecham Clinical Laboratories National Esoteric Testing Center 7600 Tyrone Avenue Van Nuys, CA 91405 (818) 889-2520 Laboratory Director, P.S. Noce, M.D., Ph.D.
IR	SmithKline Beecham Clinical Laboratories 801 N. Rio San Antonio, TX 78207 (512) 225-5101 Medical Director, Robert Allen, M.D.	NY	SmithKline Beecham Clinical Laboratories 575 Underhill Boulevard Syosset, NY 11791 (516) 677-5800 Laboratory Directors, J. Daino, M.D.	WO	SmithKline Beecham Clinical Laboratories 7600 Tyrone Avenue Van Nuys, CA 91405 (818) 889-2520 Laboratory Director, P.S. Noce, M.D., Ph.D.
KP	SmithKline Beecham Clinical Laboratories 400 Egypt Road Norristown, PA 19303 (610) 831-4500, (800) 623-0898 Medical Director, W. Nathaniel, M.D.	PL	SmithKline Beecham Clinical Laboratories 11425 Cronhill Drive Overings Mills, MD 21117 (301) 545-2400 Medical Directors, A. McTigue, M.D. P. Whelan, M.D.	WM	SmithKline Beecham Clinical Laboratories 343 Winter Street Waltham, MA 02254 (781) 860-6161, (800) 689-4566 Medical Director, Jon L. Keller, M.D.

### Western Area Laboratory Service Centers

AA	Medical Park Lab, Inc. A SBCCL Managed Laboratory 4120 Laurel Street Anchorage, Alaska 99509 (907) 553-3170 Laboratory Director: Marcell Jackson, M.D.	CX	SmithKline Beecham Clinical Laboratories 1025 West Olympic Blvd. Los Angeles, CA 90015 (213) 623-3025 Laboratory Director: G. Meyer, M.D.	MC	SmithKline Beecham Clinical Laboratories 1541 Pacific Ave., Suite 102 Modesto, CA 95350 (209) 577-1246 Laboratory Director: Roger Vogelzang, M.D.	FN	SmithKline Beecham Clinical Laboratories 85 Kraman Reno, Nevada 89502 (702) 322-1304 Laboratory Director: John Winfield, M.D.	VO	SmithKline Beecham Clinical Laboratories Anchorage Inland Valley Medical Center 400 South 43rd Street Perrin, WA 99055 (253) 291-5169 Laboratory Director: Isa Allen, M.D.
AB	Medical Park Lab, Inc. A SBCCL Managed Laboratory 2211 East Northern Lights Blvd., Suite 210 Anchorage, Alaska 99503 (907) 272-5476 Laboratory Director: Marcell Jackson, M.D.	DJ	SmithKline Beecham Clinical Laboratories 1275 Webster Road, NW Salem, OR 97304 (503) 570-8816 Laboratory Director: Greg Clark, Ph.D.	MH	SmithKline Beecham Clinical Laboratories 800 Front Street, # 200 San Diego, CA 92123 (619) 279-4355 Laboratory Director: G. Meyer, M.D.	SC	SmithKline Beecham Clinical Laboratories 1559 Squire Dr., # 4 Santa Cruz, CA 95060 (408) 476-9043 Laboratory Director: Jerry Haas, C.L.B.	VM	SmithKline Beecham Clinical Laboratories 1020 Oak St., # 7 Salem, OR 97301 (503) 378-0512 Laboratory Director: Greg Clark, Ph.D.
AL	SmithKline Beecham Clinical Laboratories 1001 South Union #60005 Tacoma, WA 98402 (253) 575-3331 Laboratory Director: Greg Clark, M.D.	DW	SmithKline Beecham Clinical Laboratories 5335 Cortina Parkway Bellingham, WA 98226 (360) 738-8069 Laboratory Director: T. Rand Collins, M.D., Ph.D.	MI	Clinical Pathology Laboratory A SBCCL Affiliate 4120 11th Street West, Suite 1 Palmdale, CA 93551 (818) 267-7733 Laboratory Director: Louis Brehm, M.D.	SH	SmithKline Beecham Clinical Laboratories 505 E. Home Lane, # H Salt Lake, CA 93301 (408) 424-1555 Laboratory Director: Ernest Shiner, M.D.	XS	SmithKline Beecham Clinical Laboratories 215 So. 10th Vernal, CA 95991 (530) 734-1334 Laboratory Director: Thomas Volk, M.D.
ARM	SmithKline Beecham Clinical Laboratories Alameda WVA Alaska Regional Hospital 2801 DeBar Road Anchorage, AK 99503 (907) 252-1191 Lab Director: Steven Jaych, M.D.	EV	SmithKline Beecham Clinical Laboratories 1200 NE 120th Kirkland, WA 98034 (425) 859-0700 Lab Director: Alex Ritzert, M.D.	MR	SmithKline Beecham Clinical Laboratories 2251 March Lane Building F Stockton, CA 95207 (209) 951-6931 Laboratory Director: Robert F. Chard, M.D.	SM	SmithKline Beecham Clinical Laboratories 101 S. San Mateo, # 107 San Mateo, CA 94401 (650) 548-3221 Laboratory Director: Paul Omega, M.D.	ZL	SmithKline Beecham Clinical Laboratories 835 Mountain View Dr Skelton, WA 98594 (360) 427-7807 Director: Julie Mast, M.D.
BO	SmithKline Beecham Clinical Laboratories Alameda WVA Capital Medical Center 3300 Capital Mall Drive Olympia, WA 98502 (360) 754-2559 Laboratory Director: Richard Whitten, M.D.	FB	SmithKline Beecham Clinical Laboratories aka Faculty Medical Laboratory 11370 Anderson St., #900 Loma Linda, CA 92654 (909) 793-4816 (800) 768-7295 Laboratory Directors: Arthur Hauke, M.D. Brian Bull, M.D.	OB	SmithKline Beecham Clinical Laboratories 2529 Summit St. Ste. 105 Oakland, CA 94609 (916) 835-9233 Laboratory Director: Thomas Wayne Rodgers, M.D.	SS	SmithKline Beecham Clinical Laboratories 2230 Post Street, # 103 San Francisco, CA 94118 (415) 826-0198 Laboratory Director: Robert Harnel, C.L.B.	ZO	Health Diagnostic Laboratory Managed by SmithKline Beecham Clinical Laboratories 8226 N. 25th Ave. Phoenix, AZ 85021 (602) 961-7172 Laboratory Director: Jim Little, M.D.
BQ	SmithKline Beecham Clinical Laboratories 1414 11th St. NE Bellevue, WA 98004 (425) 432-1920 Laboratory Director: Ted Sneider, M.D.	GSA	SmithKline Beecham Clinical Laboratories Affiliated With Good Samaritan Hospital 407 14th Ave. SE Puyallup, WA 98371 (253) 841-6940 Laboratory Director: Jeffery A. Freed, M.D.	PSH	SmithKline Beecham Clinical Laboratories Affiliated With Puget Sound Hospital 215 South 26th Street Tacoma, WA 98408 (253) 474-4259 Laboratory Director: Marc Mauney, M.D.	TE	SmithKline Beecham Clinical Laboratories 13272 Garden Grove Blvd. Garden Grove, CA 92643 (714) 746-9420 Laboratory Directors: Jeffrey Light, M.D. Maries M. Beck, M.D.		
BU	SmithKline Beecham Clinical Laboratories 252 West Bullard Coeur, CA 95012 (925) 266-0157 Laboratory Director: Melvin Aikerman, C.L.B.	IP	SmithKline Beecham Clinical Laboratories 2700 Northrup Way Bellevue, WA 98004 (425) 628-2258 Laboratory Director: Ted Sneider, M.D.	RC	SmithKline Beecham Clinical Laboratories 77 Cadillac Drive #280 Sacramento, CA 95825 (916) 821-1926 Laboratory Director: Richard Ikeda, M.D.				
CH	SmithKline Beecham Clinical Laboratories 153 East 8th Ave Chico, CA 95926 (916) 342-0723 (800) 424-4446 (No. CA only) Laboratory Director: John Winfield, M.D.	JW	SmithKline Beecham Clinical Laboratories 333 North 1st Street B Pacifica, CA 94024 Laboratory Director: Mickey Myrhe, M.D.						
CS	SmithKline Beecham Clinical Laboratories 700 South 20th Federal Way, WA 99013 (206) 327-6250 Laboratory Director: Greg Clark, M.D.	KB	SmithKline Beecham Clinical Laboratories 2800 Squakamish Parkway Bellingham, WA 98226 (360) 738-8947 Laboratory Director: T. Rand Collins, M.D., Ph.D.						

MICKELL-0628



MICKELL-0629

MICKELL-0630

A0746